



CONCUSSION POLICY AND PROTOCOLS

Date of last revision: August 24, 2020

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CONCUSSION POLICY AND PROTOCOL

Ashbury College has adopted the [Canadian Guideline on Concussion in Sport](#) recently released by Parachute Canada (July, 2017) as a framework in developing our Concussion Protocol. In addition to this guideline, we have consulted various sources to develop this comprehensive concussion policy and protocol for students, their teachers, families and school administrators.

PURPOSE

Ashbury College recognizes the educational value of learning experiences in co-curricular and inter-school athletics and the health and physical education curriculum. The School is committed to the safety of all students while participating in such activities.

To protect the safety of students from concussions and head injuries, this document outlines both policies and procedures/protocols:

- respecting the distribution of information to students, parents, guardians, school employees and volunteers about the prevention of head injuries, the identification of symptoms of concussions and the management of concussions;
- respecting when a student who is suspected of having sustained a concussion is to be removed from or prevented from further participating in academics, athletics or any part of the health and physical education curriculum;
- respecting the return of a student who has or may have sustained a concussion to athletics or to any part of the health and physical education curriculum, or his or her return to learning.

Ashbury College's Concussion Policy has five components:

1. Education and Awareness
2. Prevention
3. Identification of Concussions
4. Management Strategies for a Diagnosed Concussion
 - a) Return to Learn Protocol
 - b) Return to Sport Protocol
5. Training

This policy has been developed in accordance with the Ministry of Education's Policy/Program Memorandum [No. 158, "School Board Policies on Concussion"](#) issued on September 25, 2019, as well as the Physical Education Safety Guidelines of the Ontario Physical and Health Education Association (OPHEA). This policy has adapted materials from the Physical Education Safety Guidelines, ThinkFirst, and most recently Parachute Canada [Canadian Guideline on Concussion in Sport \(July, 2017\)](#).

In addition to the obligations and procedures under this Policy, the School will also implement and comply with any additional obligations required under *Rowan's Law (Concussion Safety)*, 2018, S.O. 2018, c. 1 and the regulations thereunder ("*Rowan's Law*").

DEFINITIONS

Concussion: *Concussion* is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner.

A concussion:

- is a brain injury that changes the way in which the brain functions and that can lead to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep);
- may be caused by either a direct blow to the head, face, or neck or by a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness (in fact more concussions occur without a loss of consciousness); and/or
- cannot normally be seen by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

Since concussions can only be diagnosed by a medical doctor or a nurse practitioner, educators, school staff or volunteers cannot make the diagnosis of concussion.

Curricular: School-sponsored physical/recreation activities that are a component of classroom instruction and are part of the School's physical education core program.

Athlete: Any youth or adult participating in a school or non-school based sport activity, competing at any level of play (amateur or national team). This term refers to all sport participants and players.

Sport or sport activity: A school or non-school based physical activity that can be played as an individual or a team including games and practices.

Recognition: The detection of an event (i.e. a suspected concussion) occurring during sports or a sport activity. **Exercise:** Any physical activity that requires bodily movement including resistance training as well as aerobic and anaerobic exercise or training.

Persistent symptoms: Concussion symptoms that last longer than 2 weeks after injury in adults and longer than 4 weeks after injury in youth.

Licensed healthcare professional: A healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice. Examples include medical doctors, nurses, physiotherapists, and athletic therapists. Among licensed healthcare professionals, only medical doctors and nurse practitioners are qualified to conduct a comprehensive medical assessment and provide a concussion diagnosis in Canada. The types of

medical doctors qualified to do such an evaluation are: pediatricians; family medicine, sports medicine, emergency department and rehabilitation (physiatrists) physicians; neurologists; and neurosurgeons.

Medical Assessment: The evaluation of an individual by a licensed healthcare professional to determine the presence or absence of a medical condition or disorder, such as a concussion.

Treatment: An intervention provided by a licensed healthcare professional to address a diagnosed medical condition/disorder or its associated symptoms, such as physical therapy.

Multidisciplinary concussion clinic: A facility or network of licensed healthcare professionals that provide assessment and treatment of concussion patients and are supervised by a physician with training and experience in concussion.

Tool: A standardized instrument or device that can be used to help recognize an event (i.e. a suspected concussion) or assess an individual with a suspected medical diagnosis (i.e. Sport Concussion Assessment Tool 5).

Concussion Recognition Tool – 5th Edition (CRT5): A tool intended to be used for the identification of suspected concussion in children, youth, and adults. Published in 2017 by the Concussion in Sport Group, the CRT5 replaces the previous Pocket Concussion Recognition Tool from 2013.

Sport Concussion Assessment Tool – 5th Edition (SCAT5): A standardized tool for evaluating concussions in individuals aged 13 years or older, designed for use by physicians and licensed healthcare professionals. Published in 2017 by the Concussion in Sport Group, the SCAT5 replaces the previous SCAT3 from 2013.

Child Sport Concussion Assessment Tool – 5th Edition (Child SCAT5): A standardized tool for evaluating concussions in individuals aged 5 to 12 years, designed for use by physicians and licensed healthcare professionals. Published in 2017 by the Concussion in Sport Group, the Child SCAT5 replaces the previous Child SCAT3 from 2013.

Return-to-Learn Protocol: A graduated stepwise strategy for the process of recovery and return to academic activities after a concussion. The broader process of returning to cognitive activities has commonly been referred to as “return to learn”.

Return-to-Play Protocol: A graduated stepwise strategy for the process of recovery and then return to sport participation after a concussion. The broader process of returning to unstructured and structured physical activity has commonly been referred to as “return to play”

THE MULTI-DISCIPLINARY TEAM APPROACH

Ashbury College believes in a Multi-Disciplinary Team Approach when dealing with concussions. The following are the key stakeholders in good concussion management:

Team	Role
Family Team	The family should designate someone to monitor and track symptoms (emotional, physical), and decide who is going to be the contact for the Academic and Physical School Teams and Medical Teams. The family is responsible for communicating regularly with the School Teams in order to ensure effective care. See the Communication Flow chart for check points.
School Team – Physical	Physical symptoms are tracked and monitored by the Athletic Therapist and School Nurse. Students diagnosed with a concussion are responsible for checking in with the Athletic Therapist regularly so that they can best monitor symptoms. The Director of Student Services will also be involved as part of the School Team.
School Team - Academic	The Academic point person is the Director of Student Services who will work collaboratively with the teachers and Learning Strategist to track emotional and cognitive progress as well as communicate accommodations.
Medical Team	This is the Physician, Athletic Therapist, Nurse involved in assessing the progress of the concussion. A Medical Physician is required to diagnose a concussion and clear a student before going back to sport. Documentation is required by the physician in order for the protocol to take effect and to guide school accommodations.

Adapted from: Rocky Mountain Youth Sports Institute, REAP Project, 2011

The School Team will gather on a regular basis to discuss concussion cases and progress.

1. EDUCATION AND AWARENESS

Ensuring the safety of students relating to concussions and head injuries in the School setting depends on the co-operation of the School community. To reduce the risk of concussions and head injuries, and to ensure rapid response to an emergency, parents, students, school personnel and any other persons who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum should all understand and fulfill their responsibilities.

Before participating in sport or athletics activities, all students (and their parent or guardian, if the student is under 18) must confirm that they have reviewed this Policy, any other concussion-related resources in place at the School, and the [government's concussion awareness resources](#) as may be prescribed under *Rowan's Law*.

All coaches must also confirm that they have reviewed this Policy, any other concussion-related resources in place at the School, and the [government's concussion awareness resources](#) as may be prescribed under *Rowan's Law*.

Administration

- Develops strategies for sharing information on the seriousness of concussions and on concussion prevention, identification, and management with the School community.
- Ensures regular training on dealing with concussions and head injuries for all teachers/coaches/supervisors and others who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum.
- Develops a communication plan for the distribution of information on concussions and head injuries to parents, students, employees, and teachers/coaches/supervisors.
- Ensures relevant personnel (teacher/coaches/supervisors) distributes information on concussions and head injuries to parents, students, employees, and teachers/coaches/supervisors.
- Develops and maintains protocols for responding to and removing a student who is suspected of having sustained a concussion and for return of a student who has or may have sustained a concussion.
- Conducts concussions and head injuries discussions with all students at beginning of year and at intervals throughout the year as applicable.
- Works with the parent community to increase awareness of concussions and head injuries including prevention, identification and management of such conditions.
- Works closely with the students who have or may have sustained a concussion and with their parents/guardians.

Teacher/Coach/Supervisor

- Distributes information on concussions and head injuries to parents, students, employees, and teachers/coaches/supervisors.
- Reviews this Policy, any other concussion-related resources in place at the School, and the [government's concussion awareness resources](#) as may be prescribed under *Rowan's Law*.

Parents or Guardians of a Student Suspected of Having Sustained a Concussion

- Informs the School of any previous concussions sustained by their child.
- Ensures that the medical information in their child's student file is kept up-to-date.
- Follows protocols with respect to return of the student and responds co-operatively to requests from the school with regard to concussions.
- Reviews this Policy, any other concussion-related resources in place at the School, and the [government's concussion awareness resources](#) as may be prescribed under *Rowan's Law*.

- Encourages students to respect students who have or are suspected of having sustained a concussion and follow School plans on prevention of head injuries, and the identification and management of concussions.
- Teaches their child:
 - (i) about the prevention of head injuries, the identification of symptoms of concussions and the management of concussions;
 - (ii) to recognize the first symptoms of a concussion;
 - (iii) to communicate clearly when he or she suspects a concussion; and
 - (iv) to take as much responsibility as possible for his/her own safety.

All Students

- Learn to recognize symptoms and signs of concussions and understand the dangers of concussions.
- Review this Policy, any other concussion-related resources in place at the School, and the [government's concussion awareness resources](#) as may be prescribed under *Rowan's Law*.
- Read and sign Concussion Code of Conduct.

2. PREVENTION

In addition to prevention-related points in the section on Development of Awareness, the School has developed the following strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site events.

Principal/School Staff

- Take actions that prevent concussions from happening. For instance, implement rules and regulations and minimize slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free.

Teacher/Coach/Supervisor

- Prior to the activity, meets with students to go over the following information on concussion:
 - (a) The definition and causes of a concussion, signs and symptoms, and dangers of participating in an activity while experiencing the signs and symptoms of a concussion;

- (b) The risks associated with the activity/sport for a concussion and how to minimize those risks;
 - (c) The importance of immediately informing the teacher/coach of any signs or symptoms of a concussion, and removing themselves from the activity;
 - (d) The importance of not allowing a student suspected of a concussion to be alone;
 - (e) The importance of notifying the parent or guardian about a suspected concussion;
 - (f) The importance of a suspected concussion being evaluated by a medical doctor;
 - (g) The importance of respecting the rules of the game and practicing fair play;
 - (h) The importance of wearing protective equipment that is properly fitted (e.g., with chin straps done up according to the one-finger rule [only one finger should fit between the strap and chin]); and
 - (i) Where helmets are worn, inform students that there is no such thing as a concussion-proof helmet. Helmets are designed to prevent major brain injuries such as bruises to the brain, blood clots, facial injury and skull fractures. However, helmets do not prevent all concussions.
- Prior to the activity and during the activity:
 - (a) Teaches the correct sport training techniques in proper progression. Have students demonstrate and practise correct body contact techniques.
 - (b) Instructs absent student on previously taught safety skills prior to next activity session.
 - (c) Enforces the rules of the sport. Emphasize the principles of head-injury prevention (e.g., keeping the head up and avoiding collision).
 - (i) Eliminate all hits to the head
 - (ii) Eliminate all hits from behind.
 - (d) Checks protective equipment is approved by a recognized Equipment Standards Association (e.g. CSA, NOCSAE) and is visually inspected prior to activity and well maintained.
 - (e) Checks (where applicable) that protective equipment is inspected by a certified re-conditioner as required by manufacturer (e.g., football helmet).
 - (f) Encourages teachers, coaches, students and parents to learn as much as possible about concussions.
 - Informs parents and guardians of students who are suspected of having sustained a concussion as soon as practicable.

Student Suspected of Having Sustained a Concussion or With Concussion

- Promptly informs the teacher/coach/supervisor as soon as he or she suspects that he or she has sustained a concussion, even if it the concussion did not occur at a school-sponsored activity.
- Immediately removes himself or herself from the activity that he or she is participating in.
- Follows protocols with respect to Return to Learn and Return to Play.

All Students

- Follows all School safety rules to reduce the risk of concussions.
- Immediately reports a suspected concussion of any student to the teacher/coach/supervisor.

1. IDENTIFICATION OF CONCUSSIONS

The School will designate a specific individual responsible for ensuring compliance with this protocol.

Common Symptoms and Signs of Concussion

Teacher/coach/supervisor/athletic therapist who have been specifically trained to identify signs and symptoms of a suspected concussion are responsible for the identification and reporting of students who demonstrate observable signs of a head injury or who report concussion symptoms. Consult the [Sample Tool to Identify a Suspected Concussion](#) for assistance in identifying concussion signs and symptoms. In some instances, the student-athlete may not observe any signs, or report any symptoms, but because of the nature of the impact, will suspect a concussion. It is important to know that a student does not need to lose consciousness in order to sustain a concussion. Signs and symptoms may not appear immediately after the event and may take minutes to hours before becoming clear. Students may be reluctant to report symptoms of a concussion because of a fear that they will be removed from activity or jeopardize their status on a team or during a game. Serious injury may occur if a student athlete returns to play and receives a second concussion before the first concussion has recovered. Without proper management a concussion can result in permanent problems and even death.

Initial Concussion Assessment Strategies

Following a significant impact to the head, face, neck, or body, that is either observed or reported, and where the teacher/coach/supervisor/athletic therapist responsible for that student suspects a concussion the student must be removed from the sport or activity and assessed. A concussion should be suspected in the presence of any one or more of the following red flags, signs or symptoms

Red Flags

Note: If Red Flags are present, call 911 immediately and monitor the athlete until they arrive.

- Severe worsening headache
- Drowsiness or inability to be awakened
- Inability to recognize people or places
- Repeated vomiting
- Unusual behaviour or confusion or irritable
- Seizures (arms and legs jerk uncontrollably)
- Weakness or numbness in arms or legs
- Unsteadiness on their feet.
- Slurred speech

Student Reported Symptoms

- Headache
- Dizziness
- Feels dazed
- Feels “dinged” or stunned
- “Having my bell rung”
- Sees stars, flashing lights
- Ringing in the ears
- Sleepiness
- Loss of vision
- Sees double or blurry
- Neck pain
- Sensitivity to light or noise

Observable Signs

- Poor coordination or balance
- Disoriented; does not know time, date, place, class, type of activity in which he/she was participating
- General confusion
- Cannot remember things that happened before and after the injury
- Loss of consciousness
- Grabbing or clutching of head
- Blank stare/glassy-eyed
- Vomiting
- Slow to answer questions or follow directions
- Easily distracted
- Poor concentration
- Strange or inappropriate emotions (laughing, crying, getting mad easily)
- Stomach ache/pain/nausea
- Not playing as well
- Lying motionless on the ground or slow to get up
- Amnesia
- Seizure or convulsion

The signs and symptoms of a concussion can last 7-10 days but may persist up to 4 weeks in 30% of the population. The exact cause is unclear, but the brain is temporarily functioning with decreased energy levels and during this time it is more vulnerable to a second head injury, called Second Impact Syndrome. In some cases, students may take weeks or months to heal, this is called Post-Concussion Syndrome, or Persistent Concussion Symptoms (PCS). There may be a significant negative effect on educational and social attainment as these functions are critical for learning new skills and attending to schoolwork

Safe Removal of an Injured Student

There is no danger of reacting too quickly, but there is potential danger in reacting too slowly.

1. If there is loss of consciousness, call 911. Assume there is possible neck injury. Only remove equipment under the direct supervision of the certified athletic therapist. Stay with the student until EMS arrives. If the student regains consciousness, encourage him/her to remain calm and lie still. Do not administer medication (unless the student requires medication for other conditions - i.e. insulin for a student with diabetes)
2. If there is not a loss of consciousness, but a concussion is suspected due to a direct blow to the head or a major physical trauma to other parts of the body (causing a whiplash effect on the head and neck):
 - (a) remove the student from the current activity or game;
 - (i) do not administer medication;
 - (ii) check for red flags and if any are present call 911 and activate the EAP (Emergency Action Plan)
 - (b) Student must not return to play in the game or practice that day even if their symptoms have resolved or if they are feeling better
 - (c) Student should be assessed by the athletic therapist if present at the game or practice
 - (d) If athletic therapist is not present, coach/teacher/supervisor may administer sideline assessment via the CCMI concussion tracker app,
 - (e) Student athletes with a suspected concussion must be evaluated by a physician within 24-48 hours.
3. Monitor student athletes after the impact. It is important the athlete not be left alone and be accompanied by an adult/parent/guardian for 2 hours after injury to monitor symptoms and ensure no red flags arise.
4. Parents/guardian must be informed of the suspected concussion and of the steps taken to assess the student athlete. Parent/guardian must be informed of the School's concussion policy and of the requirement to be evaluated by a physician within 48 hours after the event.

If a concussion event is observed but no signs or symptoms are reported

- o If a teacher/coach/supervisor/athletic therapist recognizes that a suspected concussion event occurred (due to the jarring impact) but no [concussion sign\(s\) and/or symptom\(s\)](#) were observed or reported and the student correctly answers all the [Quick Memory Function Check](#), then:

- Contact the student's parents/guardians (or emergency contact) to inform them of the incident and provide them with a tool to identify a suspected concussion and a medical concussion assessment form;
- Monitor the student for delayed sign(s) and/or symptom(s). If any sign(s) and/or symptom(s) emerge (observed or reported) during the school day, inform the parents/guardians that the student needs an urgent medical assessment as soon as possible that same day.
- The student must not return to physical activity for 24 hours as signs and/or symptoms can take hours or days to emerge. If the student has not shown/reported any signs and/or symptoms following a 24 hours observation period they may resume physical activity without medical clearance. Physical testing may be required by the athletic therapist to ensure a safe return to activity.
- Alert the parent/guardian to the situation and provide them with the assessment results.
- The student can attend school but cannot participate in any physical activity for a minimum of 24 hours;
- The student will be monitored (at school and home) for the emergence of sign(s) and/or symptom(s) for 24 hours following the incident;
- Continued monitoring by parents/guardians (beyond 24 hours) may be necessary as signs and/or symptoms may take hours or days to emerge; and
- parents/guardians must communicate the results of the continued monitoring to the school nurse/athletic therapist
 - If any sign(s) and/or symptom(s) emerge (observed or reported), the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner.
 - If after 24 hours of observation sign(s) and/or symptom(s) do not emerge, the student may return to physical activity. Physical testing may be required by the Athletic therapist to ensure a safe return to activity. Medical clearance is not required.

Referenced from: [OPHEA](#)

Steps to Take Following an Initial Assessment

All students need to consult a physician after a suspected concussion. The student must seek medical attention before they return to play. The Management Procedures for a Diagnosed Concussion, below, set out the procedure for returning students to activities.

4. CONCUSSION MANAGEMENT PROCEDURES FOR A DIAGNOSED CONCUSSION

Concussion management protocols are put in place after a student has the **Medical Assessment Letter** signed by a doctor and returned to the school nurse. The school nurse will inform the student's teachers that the student has sustained a concussion and is in Stage 1 of the Return to Learn Protocol unless otherwise stated by the doctor. The student returns to school 2 days after initial diagnosis during which time the parent /student meets with the school nurse, athletic therapist, and Director of Student Services to review the Concussion Management Return to Learn and Return to Play Protocols. Upon return to school, the student should be at Stage 3 of the Return to Learn Protocol.

The School will designate a specific individual responsible for ensuring compliance with this protocol.

Students are not permitted to return to play until they have sought medical attention from a doctor. The student must bring in the Medical Assessment Letter signed by a physician.

Generally:

- (a) Following a suspected or diagnosed concussion, the student must be monitored by an appropriate adult for the next 24-48 hours for signs of deterioration or red flags. If any signs of deterioration occur, the student needs to be immediately re-evaluated by a physician.
- (b) Full return to physical activity/sport following a sport-related concussion must only occur after medical clearance (in writing) by a physician.

An individualized and gradual “return to learning and return to physical activity” plan should be developed for each student. The following steps may form the basis of an individualized plan:

1. Suspected Concussion, identified by Athletic Therapist, Nurse, Teacher or Coach
2. Mandatory Physician Visit #1 - Medical Assessment (using Medical Assessment Letter)

No Concussion (determined by a doctor)

- a. Using the Medical Assessment Letter:
 - i. Doctor checks the box “No Concussion - Full Return to All Activity”
 - ii. The student/guardian must present this form to the nurse or athletic therapist who will inform all relevant personnel prior to return to activity.
 - iii. Note: School Administrator files the completed form from the doctor in student’s O.S.R.

Concussion (determined by a doctor)

- a. Using the Medical Assessment Letter:
- b. Doctor checks the box “Concussion - no activity until symptoms and signs have gone” and signs and dates the form.
- c. The student/parent/guardian must present this form to the Athletic Therapist or Nurse who will inform all relevant personnel and initiate the Return To School and Return To Play Protocols.
 - i. Student completes Return to School Protocol as seen below.
 - ii. Student completes the Return to Play Protocol under supervision of the athletic therapist as seen below.

3. Mandatory Physician Visit #2 - MEDICAL CLEARANCE

- a. Doctor assesses that all symptoms and signs of a concussion are gone after Step 5, using the Medical Clearance letter
- b. Doctor checks and signs the Medical Clearance Letter - and signs and dates the form
- c. This form must be returned to the athletic therapist/nurse/Director of Student Services. The teacher/coach/supervisor allows the student to progress Step 6 under the supervision of the athletic therapist.

The student and parents/guardians monitor symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher/coach/supervisor and parent/guardian throughout Steps 1-5. It is very important that a student not do vigorous physical activity if he/she has any signs or symptoms. The 'return to play' process is gradual and must follow the steps as outlined below. **Note: Each step must take a minimum of one day.** If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step. A student should never return to play if symptoms persist.

Return to Learn Strategies

The School will designate a specific individual responsible for ensuring compliance with this protocol.

A student who has been medically evaluated who has symptoms may return to school. Once it is determined that a student may return to school, one school staff person (Director of Student Services or Learning Strategist) needs to serve as the main point of contact for the student, the parents/guardians, other school staff and volunteers who work with the student, and the medical doctor or nurse practitioner. The designated school staff lead will monitor the student's progress through the Return to Learn Plan. This may include identification of the student's symptoms and how he or she responds to various activities in order to develop and/or modify appropriate strategies and approaches that meet the changing needs of the student.

Any student who returns to school requires individualized classroom strategies and/or approaches to return to learning activities, which will need to be adjusted as recovery occurs. At this step, the student's cognitive activity should be increased slowly (both at school and at home), since the concussion may still affect his or her academic performance. Returning too soon to strenuous cognitive activities can cause a student's concussion symptoms to reappear or worsen.

It is important for the designated school staff learn to identify the student's symptoms and how he or she responds to various learning activities in order to develop appropriate strategies and/or approaches that meet the needs of the student. School staff and volunteers who work with the student need to be aware of the possible difficulties (i.e. cognitive, emotional, or behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student's performance.

Final Assessments

The intention is for all students to write final exams as they are worth a significant amount of the final grade. The school will do what they can to accommodate concussions by offering alternative exam schedules when needed. If a student is in the full IB Diploma, alternatives in the exam schedule cannot be offered and the student should seek advice from the IB Coordinator.

RETURN TO LEARN STAGES

Stage		Activity	Goal of each stage
1, 2	Student at Home Daily activities at home that do not increase symptoms	Stage 1: Cognitive and physical rest for the first 24-48 hours. Stage 2: Light cognitive activity Light physical activity	Gradual return to school
3	Part time school Light load	Student reenters school activities on part-time basis. Minimal work, meet with School Nurse and Director of Student Services	Increase tolerance to cognitive work.
4	Part time school Moderate load Accommodations	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day. Meets with school athletic therapist to determine areas of concern for concussion rehabilitation.	Increase academic activities. Difficult stage as student feels pressure to complete work.
5	Full time school Nearly normal load Accommodations being reduced	Gradually progress. Student needs support with managing academics, teacher support important. Meet with Director of Student Services MEDICAL CLEARANCE LETTER	Return to full academic activities and catch up on missed school work.
6	Full time Normal work load No accommodations necessary	Student back to normal cognitive work load. Confirm work is caught up. Confirm medical clearance (letter from doctor) to return to play	Return to normal school activities and full academic workload.

Return to Play Protocol

The Return to Play Protocol is meant to work in conjunction with the Return to Learn Protocol, and ideally is to be performed under supervision of a Certified Athletic Therapist. Students must be vigilant in symptom identification. If symptoms reappear at any stage the student must go back to the previous stage until symptom free for at least 24 hours. If a student is not able to return to full time school within two weeks, further testing including, but not limited to controlled physical exertion testing may be deemed necessary by the athletic therapist. If symptoms persist beyond

four weeks the student should consult a physician with experience in concussion management. A student may only return to full contact sport (Stage 6) after a Medical Clearance Letter is received from a Medical Practitioner. Physical exertion testing will be required prior to Stage 3 and Stage 5 or at the discretion of the Athletic Therapist to ensure safe return to play.

Note: Generally the return to play protocol should only begin when a student has been fully symptom free for 24 hours. It should correspond with the return to learn stages, but when symptoms persist the return to play protocol will take longer to complete.

RETURN TO PLAY STAGES

Stage		Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport specific exercise	Controlled physical exertion testing may be required by the athletic therapist at this stage. Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, i.e. passing drills. May start progressive resistance training. MEDICAL CLEARANCE BEFORE STAGE 6 – FULL CONTACT	Exercise, coordination and increased thinking.
5	Full contact practice	Controlled physical exertion testing may be required by the athletic therapist at this stage. Following medical clearance, (letter from medical practitioner) participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6	Return to play/sport	Normal game play	

Adapted from Guidelines by Parachute Canada (July, 2017)

Note on Parent and Student Responsibilities

Parents and students are responsible for recovery support at home. The accommodations put in place are under the assumption that students continue to be supported at home through medical assistance, and parental guidance. Students should not be participating in activities at home while the student is following the Concussion Management Protocols that would be detrimental to recovery (ie. staying up late, screen time, participating in activities that may cause a setback in

recovery). A brain injury may impact academic progress and achievement regardless of academic accommodations especially if symptoms persist for an extended period of time – ie. beyond one term. In order to grant credits (in the Senior School) students must still meet curriculum expectations. If a student is unable to provide evidence of learning after an extended period of time, program modifications (ie. course reductions) may need to be considered and pathway plans may need to be altered. Please contact the Director of Student Services in this case.

Medical Advice – when a specialist should be consulted

Ashbury College will rely on the guidance of a medical professional. If at any time a student has a setback with symptoms, a doctor should be consulted. At this point, Ashbury College will request a medical practitioner that specializes in concussions be consulted. If symptoms persist beyond 1 month, Ashbury College will request a medical practitioner that specializes in concussions be consulted.

5. TRAINING

The school will provide regular training on concussion awareness, prevention, identification, and management for all teachers/coaches/supervisors and others who are involved in intramural or inter-school athletics or any part of the health and physical education curriculum.



FORMS FOR PARENTS

MEDICAL ASSESSMENT LETTER

MEDICAL CLEARANCE LETTER

PARENT RESPONSIBILITIES

CONCUSSION CODE OF CONDUCT PARENTS AND ATHLETES

MEDICAL ASSESSMENT LETTER

Dear Doctor,

In accordance with the Ashbury College Concussion Policy and Procedures, we require that a medical practitioner submit a formal letter stating diagnosis of a concussion and details pertaining to the student's Return to Sport and Return to Learn.

We would appreciate your assistance in completing the information below to guide us in our support of this student. Please be aware that we will require a note from a medical practitioner upon his/her clearance to full activity and academics.

Thank you in advance for your care of this Ashbury College student.

Date: _____

Student's name: _____

Results of Medical Assessment

- This student has **not been diagnosed with a concussion** and can resume full participation in school, work, and sport activities without restriction.
- This student **has been diagnosed with a concussion**. Specific recommendations below:

The goal of concussion management is to allow complete recovery of the student's concussion by promoting a safe and gradual return to school and sport activities. The patient has been instructed to avoid all recreational and organized sports or activities that could potentially place them at risk of another concussion or head injury.

Starting on _____ (date), I would ask that the student be allowed to participate in school and low-risk physical activities as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above student should not return to any full contact practices or games until the coach has been provided with a *Medical Clearance Letter* provided by a medical doctor or nurse practitioner.

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation)* Date: _____

Parent /Guardian Responsibility

Note: The student/parent/guardian must show this form to the administrator/nurse who will inform all relevant personnel (teacher, coach, supervisor, etc.) and to provide each with a copy of this form.

When a concussion is diagnosed, the student and parents/guardians monitor symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher/coach/supervisor and parent/guardian throughout Stages 1-3. It is very important that a student not do any physical activity if he/she has any signs or symptoms. The ‘return to play’ process is gradual and must follow the steps as outlined below. The steps correspond to the Return to Learn protocol.

Please take some time to review the [government resources on concussions](#) and the Ashbury College Concussion Policy.

The parent/guardian is responsible for communicating with the school upon the diagnosis of a concussion. The student will bring in the signed Medical Assessment Letter from a physician and the school will be in touch with the family to ensure everyone understands our Return to Play and Return to Learn Protocols.

Students may not return to full contact sport unless MEDICALLY CLEARED by a physician. Again, a formal note from a physician is required. Please see the MEDICAL CLEARANCE LETTER.

Students typically remain home during Stage 1-2 and then Stage 3 begin returning to school and light aerobic activity. See the Return to Play and Return to Learn Stages in our Concussion Policy.

Note: Each step must take a minimum of one day. If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step. A student should **never** return to play if symptoms persist. The student may not participate in any physical education activities until Stages 1 – 3 have been completed.

Stage		Activity	Goal of each step
1, 2	Symptom-limiting activity Corresponds to Stage 1 and 2 with Return to Learn Protocol	Stage 1 – Limited Activity Stage 2 - Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
3	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.

In signing below, I confirm that I have read the Ashbury College Concussion Policy, have visited with a Medical Practitioner for a Medical Assessment and will communicate with the school if symptoms worsen/change.

Parent/Guardian Signature: _____ Date: _____

MEDICAL CLEARANCE LETTER

Dear Doctor,

In accordance with the Ashbury College Concussion Policy and Protocols, students require medical clearance from a medical practitioner prior to returning to full sport and full academic workload.

Thank you in advance for your care of this Ashbury College student.

Date: _____

Student name: _____

The above student has been medically cleared to participate in the following activities effective the date stated above (please check all that apply):

- Full academic program
- Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)
- Full game play

What if symptoms recur? Any student who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Students who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any student who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo Medical Assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any student who returns to practices or games and sustains a new suspected concussion should be managed according to the *ASHBURY COLLEGE CONCUSSION MANAGEMENT PROTOCOLS*.

Other comments:

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation)*

=====

- We confirm that we have read the above and agree that our son/daughter will Return to Play as per the Medical Doctor signed above.
- We do not want our son/daughter to Return to Play although cleared to do so by the Medical Doctor above.

Parent Signature: _____ Date: _____

Concussion Code of Conduct Athletes and Parents/Guardians

The *Rowan's Law* Concussion Code of Conduct requirements came into effect on July 1, 2019. After that date, sport organizations must require that athletes as well as their parent/guardian (for athletes under 18), coaches and team trainers confirm that they have reviewed the Concussion Code of Conduct every year. Please read and sign this document indicating that you have read the information, understand it, and reviewed the resources regarding concussions linked in this document.

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all* (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion.* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent, or another adult I trust if I experience **any** symptoms of concussion.

- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent, or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-play process* (I will have to follow Ashbury's Return-to-Learn and Return-to-Play Protocol).
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice, or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

I have taken the time to review the following resources on concussions:

- [Rowan's Law Concussion Awareness Resources](#)
- Ashbury College Concussion Policy and Protocols

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Athlete: _____

Parent/Guardian: _____

Date: _____



RETURN TO LEARN STAGES – DETAILED FOR SUPPORTING STUDENTS

Concussion Management Protocols are put in place after a student has the **Medical Assessment Letter** signed by a doctor and returned to the school nurse. The school nurse will inform the student's teachers that the student has sustained a concussion and is in Stage 1 of the Return to Learn Protocol unless otherwise stated by the doctor. The student returns to school after 2 days of initial diagnosis during which time the parents/student meet with the school nurse and Director of Student Services to review the Concussion Management Return to Learn and Return to Sport Protocols. Upon return to school, the student should be at Stage 3 of the Return to Learn Protocol and Stage 2 of the Return to Sport Protocol.

The student re-enters school post-concussion at **Stage 3 of the Return to Learn Protocol**. Students move to the next stage only after 24 hours of no symptoms at the current stage. If symptoms reappear or worsen at any stage, the student must inform the school nurse and consult their doctor for an updated assessment.

Note on Parent and Student Responsibilities

Parents and students are responsible for recovery support at home. The accommodations put in place are under the assumption that students continue to be supported at home through medical assistance, and parental guidance. Students should not be participating in activities at home while the student is following the Concussion Management Protocols that would be detrimental to recovery (ie. staying up late, screen time, participating in activities that may cause a setback in recovery). A brain injury may impact academic progress and achievement regardless of academic accommodations especially if symptoms persist for an extended period of time – ie. beyond one term. In order to grant credits (in the Senior School) students must still meet curriculum expectations. If a student is unable to provide evidence of learning after an extended period of time, program modifications (ie. course reductions) may need to be considered and pathway plans may need to be altered. Please contact the Director of Student Services in this case.

POST-CONCUSSION SYMPTOMS - INFORMATION

Post – concussion, students may be suffering from a variety of symptoms that impact their academic performance. Below is a list of post-concussive symptoms that can be clustered into 4 general categories. It is important for all those involved in the Return to Learn Protocol to be aware of these symptoms and how they might impact academic performance.

PHYSICAL symptoms	COGNITIVE symptoms
<input type="checkbox"/> Headache/Pressure <input type="checkbox"/> Nausea <input type="checkbox"/> Blurred vision <input type="checkbox"/> Vomiting <input type="checkbox"/> Dizziness <input type="checkbox"/> Numbness/Tingling <input type="checkbox"/> Poor balance <input type="checkbox"/> Sensitivity to light - Seeing “stars” <input type="checkbox"/> Sensitivity to noise - Ringing in the ears <input type="checkbox"/> Disorientation <input type="checkbox"/> Vacant stare/Glassy eyed <input type="checkbox"/> Neck Pain	<input type="checkbox"/> Feel in a “fog” <input type="checkbox"/> Feel “slowed down” (slower processing speed) <input type="checkbox"/> Difficulty remembering (working memory) <input type="checkbox"/> Difficulty concentrating/easily distracted <input type="checkbox"/> Slowed speech <input type="checkbox"/> Easily confused These are the symptoms that impact learning in class. Accommodations such as extra time, coordinating testing dates, flexibility with deadlines, assisting with chunking work, reduce cognitive demands by removing “busy” work and focus on essential learning.
EMOTIONAL symptoms	ENERGY and SLEEP PATTERNS
<input type="checkbox"/> Inappropriate emotions <input type="checkbox"/> Irritability <input type="checkbox"/> Personality change <input type="checkbox"/> Sadness <input type="checkbox"/> Nervousness/Anxiety <input type="checkbox"/> Lack of motivation Be mindful of emotional symptoms throughout. Students are often scared, overloaded, frustrated, irritable, angry and depressed as a result of concussion. They respond well to support and reassurance that what they are feeling is often the typical course of recovery	<input type="checkbox"/> Fatigue (mental and physical) <input type="checkbox"/> Drowsiness <input type="checkbox"/> Excess sleep <input type="checkbox"/> Sleeping less than usual <input type="checkbox"/> Trouble falling asleep Student may need rest periods in the Wellness Center. Do not wait until the student’s over-tiredness results in an emotional “meltdown.” Resting during recess or PE class is advised. Do not consider “quiet reading” as rest for all students

Adapted from: Rocky Mountain Youth Sports Institute, REAP Project, 2011

RETURN TO LEARN PROTOCOL – STAGE 1, STAGE 2: Student at Home

STAGE 1 and 2: STUDENT AT HOME – MONITORED BY PARENTS		
<p>Stage 1 Cognitive & physical rest for first 24-48 hours</p>  <p>OK if tolerated</p> <ul style="list-style-type: none"> ✓ Short board games ✓ Short phone conversations ✓ Photography ✓ Crafts <p>Not OK</p> <ul style="list-style-type: none"> ✗ No TV ✗ No computer/cellphone use ✗ No reading ✗ No school ✗ No physical exertion/stair climbing ✗ No organized sports 	<p>Stage 2a Light cognitive activity</p>  <p>OK if tolerated</p> <ul style="list-style-type: none"> ✓ Easy reading ✓ Limited TV ✓ Drawing/LEGO/board games ✓ Some peer contact <p>Not OK</p> <ul style="list-style-type: none"> ✗ Avoid computer use ✗ No school attendance ✗ No physical exertion/sports ✗ No work ✗ No stair climbing 	<p>Stage 2b Light physical activity</p>  <p>OK if tolerated</p> <ul style="list-style-type: none"> ✓ School-type work in 30 minute increments ✓ Light physical activity ✓ Some peer contact <p>Not OK</p> <ul style="list-style-type: none"> ✗ No school attendance ✗ No physical exertion/sports ✗ No work ✗ No stair climbing
24 hours	30 min of cognitive activity. (a little reading, homework)	1 hour of cognitive activity in 2-3 chunks. (reading, note-taking, homework)

STAGE 3: Part Time School, Light Load		
<div style="text-align: center;"> <p>Stage 3 Part time school Light load</p>  </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>OK if tolerated</p> <ul style="list-style-type: none"> ✓ Up to 120 mins of cognitive activity in intervals ✓ 0.5 days of school/1-2 times a week ✓ Some light physical activity </div> <div style="width: 45%;"> <p>Not OK</p> <ul style="list-style-type: none"> ✗ Avoid music/gym class ✗ No tests/exams ✗ No homework ✗ No heavy physical loads (e.g. backpack) </div> </div>	<p>ACCOMMODATIONS</p> <p>Student returns to school part-time. Half days, 3 days/week – more if tolerated.</p> <p>Student</p> <ul style="list-style-type: none"> • No tests/exams • No homework or light as tolerated • Use Wellness Centre for breaks/rest • Do not attend loud, high activity events • Meet with Nurse every day • Communicate with Director of Student Services re: attendance and progress • Parents monitor activity at home 	<p>Teachers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reminder of cognitive symptoms <input type="checkbox"/> Student just reentering school, just present <input type="checkbox"/> Flexibility and sensitivity <input type="checkbox"/> Only essential learning required <input type="checkbox"/> Offer notes <input type="checkbox"/> Don't expect hw to be complete <input type="checkbox"/> No tests/exams
<p>Ready to Move to Stage 4 (at least 24 hours have passed, can tolerate 2 hours of cognitive exertion 1-2 days/week without worsening symptoms). Student continues on Return to Play Protocol Step 3 (see Athletic Therapist)</p>		

STAGE 4: Part time school Moderate Load		
<div style="text-align: center;"> <p>Stage 4 Part time school Moderate load</p>  </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>OK if tolerated</p> <ul style="list-style-type: none"> ✓ Limited testing ✓ School work in 4-5 hours/day chunks ✓ Homework – up to 30 minutes/day ✓ 3-5 days of school/week ✓ Decrease learning accommodation </div> <div style="width: 45%;"> <p>Not OK</p> <ul style="list-style-type: none"> ✗ No gym/physical exertion ✗ No standardized tests/exams ✗ No organized sports </div> </div>	<p>ACCOMMODATIONS</p> <p>Student returns to school more regular. 3 classes/day or 3-5 day of school. This is a difficult stage for student as progress in recovery places pressure on student to “get back to it”</p> <p>Student</p> <ul style="list-style-type: none"> • No exams • Minor testing if tolerable – ie short tests or quizzes but use extra time and quiet space. Only one/day. • Homework as tolerated (30-45 min/day) • Use Wellness Centre for breaks/rest • Meet with Nurse every day • Parents monitor activity at home 	<p>Teachers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reminder of cognitive symptoms <input type="checkbox"/> Send list of essential and excused work to Director of Student Services and student. <input type="checkbox"/> Meet with student to review essential work, prioritize and chunk <input type="checkbox"/> Flexibility and sensitivity <input type="checkbox"/> Limit to short quizzes 1/day if tolerable and offer extended time, separate space. <input type="checkbox"/> Offer notes <input type="checkbox"/> Don't expect all hw to be complete <input type="checkbox"/> No exams
<p>Ready to Move to Stage 5 (at least 24 hours have passed, student can do 4-5 hrs/day, 2-4 days/week without worsening symptoms, 60 minutes without worsening symptoms). Working with Athletic Therapist.</p>		

STAGE 5: Nearly normal workload		
<div style="text-align: center;">  <p>Stage 5 Nearly normal workload</p> </div> <p>OK if tolerated</p> <ul style="list-style-type: none"> ✓ Nearly normal cognitive activities ✓ Routine school work as tolerated ✓ Homework - up to 60 minutes/day ✓ Minimal learning accommodation <p>Not OK</p> <ul style="list-style-type: none"> ✗ No gym/physical exertion ✗ No organized sports 	<p>ACCOMMODATIONS</p> <p>Student returns to school full time.</p> <p>This is a difficult stage for student as back to school full time but catch up in work now burdens student.</p> <p>Student</p> <ul style="list-style-type: none"> • Testing with accommodations – use extra time and quiet space. • Homework as tolerated (60 -90 min/day) • Exams – discuss with Director of Student Services • Use Wellness Centre for breaks/rest • Meet with Director of Student Services to prioritize and catch up on essential work, support with teachers. • Check EDSBY to gather list of work and communicate with teacher for clarification • Meet with Nurse at start of stage. • Parents monitor activity at home 	<p>Teachers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Send list of essential and excused work to Director of Student Services and student. <input type="checkbox"/> Meet with student to review essential work, prioritize and chunk <input type="checkbox"/> Flexibility and sensitivity <input type="checkbox"/> Limit tests 1/day and offer accommodations: extended time, separate space, may need to chunk the test. <input type="checkbox"/> Student starts to take own notes <input type="checkbox"/> Teacher can start to expect student to do more hw <input type="checkbox"/> Testing with accommodations. Extra time, chunking, spread over several days, quiet space
<p>Ready to Move to Stage 6 (at least 24 hours have passed, student can tolerate full time cognitive work load without worsening of symptoms). Student no longer requires accommodations as per Return to Learn Protocol. Get a Medical Clearance from doctor.</p>		

STAGE 6: Medically Cleared		
<div style="text-align: center;">  <p>Stage 6 Full time</p> </div> <p>OK if tolerated</p> <ul style="list-style-type: none"> ✓ Normal cognitive activities ✓ Routine school work ✓ Full curriculum load ✓ No learning accommodation ✓ Begin Return to Play protocol <p>Not OK</p> <ul style="list-style-type: none"> ✗ No full participation in sports until medically cleared after Return to Play protocol 	<p>Accommodations</p> <p>Student back to normal cognitive workload.</p> <p>No accommodations necessary</p> <p>Student</p> <p>Student to meet with Director of Student Services to confirm all essential work is submitted.</p>	<p>Teacher</p> <ul style="list-style-type: none"> <input type="checkbox"/> No accommodations necessary <input type="checkbox"/> Final check in with student to ensure all essential work is caught up and ready for continued cognitive activities. <div style="background-color: yellow; text-align: center; padding: 5px;"> <p>STUDENT NEEDS MEDICAL CLEARANCE TO RETURN TO PLAY STEP 6 (See Medical Clearance Letter)</p> </div>
<p>Student caught up and cleared from Return to Learn Protocol – note Medical Clearance requirement to Return to full contact play</p>		

If at any time symptoms worsen, student returns to previous stage. Student must see a Medical practitioner at that time. Student may stay in one stage for an extended period of time. If time in one stage reaches 2 weeks, a student must see a medical practitioner.

Adapted from Guidelines by Parachute Canada (July, 2017)

RETURN TO PLAY STAGES

The Return to Play Protocol is meant to work in conjunction with the Return to Learn Protocol, and ideally is to be performed under supervision of a Certified Athletic Therapist. Students must be vigilant in symptom identification. If symptoms reappear at any stage the student must go back to the previous stage until symptom free for at least 24 hours. If a student is not able to return to full time school within two weeks, further testing including, but not limited to controlled physical exertion testing may be deemed necessary by the athletic therapist. If symptoms persist beyond four weeks the student should consult a physician with experience in concussion management. A student may only return to full contact sport (Stage 6) after a Medical Clearance Letter is received from a Medical Practitioner. Physical exertion testing will be required prior to Stage 3 and Stage 5 or at the discretion of the Athletic Therapist to ensure safe return to play.

Note: Generally the return to play protocol should only begin when a student has been fully symptom free for 24 hours. It should correspond with the return to learn stages, but when symptoms persist the return to play protocol will take longer to complete.

Stage		Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport specific exercise	Controlled physical exertion testing may be required by the athletic therapist at this stage. Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, i.e. passing drills. May start progressive resistance training. MEDICAL CLEARANCE BEFORE STAGE 6 – FULL CONTACT	Exercise, coordination and increased thinking.
5	Full contact practice	Controlled physical exertion testing may be required by the athletic therapist at this stage. Following medical clearance, (letter from medical practitioner) participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6	Return to play/sport	Normal game play	

Adapted from Guidelines by Parachute Canada (July, 2017)