APPENDIX G

RETURN TO SCHOOL PLAN

A Return to School Plan is a personalized strategy to support a student's Return to Learning (RTL) and Return to Physical Activity (RTPA) after suffering a concussion.

The management of a student concussion is a shared responsibility, requiring regular communication between the home, school and support organizations with which the student may be involved, and with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (ex., nurses, physiotherapists).

There are two parts to a student's RTL and RTPA plan. The first part occurs at home and prepares the student for the second part which occurs at school. The school part of the plan will begin with a meeting with the principal/designate to provide the parent with information on the school part of the RTL and RPTA plan, and discussion around possible strategies and/or approaches for student learning.

Parents, guardians and care givers may find useful charts outlining a general strategy for a student's return to school and return to sport at Parachute Canada (https://parachute.ca/en/injury-topic/concussion/), along with wide variety of other excellent information and resources. If you or your child has been diagnosed with a concussion it is recommended that you reach out to this resource and/or to the Government of Ontario resources (available at https://www.ontario.ca/page/rowans-law-concussion-awareness-resources) for a review of what to expect and how to promote healing.

This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan.

Notice of Collection of Personal Health Information

District School Board Ontario North East is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (*Protection of Privacy and Information Management*).

Information on this Form is collected under the legal authority of the Education Act and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's *Return to Learn* and *Return to Physical Activity* under the Concussion Management Procedures.

This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

- The Return to Learn/Return to Physical Activity Plan is a combined approach.
- Step 2 – Return to Learn must be completed prior to the student returning to physical activity.
- **Each step must take a minimum of 24 hours**
- For the care of the student, all steps must be followed.

RETURN TO SCHOOL PLAN - PART 1: Home Concussion Management

This stage of the plan occurs at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.

A student moves forward to the next stage when the activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. If symptoms return or new symptoms appear at any point, the student should return to the previous stage for a minimum of 24 hours and only participate in activities that can be tolerated.

If at any time symptoms worsen, the student/parent/guardian should contact the medical doctor/nurse practitioner or seek medical help immediately.

While the RTL and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTL and RTPA at the same time. Progression through the plan is individual, and timelines and activities may vary.

This plan does not replace medical advice.

STEP 1 – Return to Learn/Return to Physical Activity

- *Completed at home*
- *Cognitive Rest – includes limiting activities that require concentration and attention (e.g. reading, texting, television, computer, video/electronic games).*
- *Physical Rest – includes restricting recreational/leisure and competitive physical activities.*

☐ My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and their **symptoms have shown improvement**. My child/ward will proceed to Step 2 – Return to Learn. Use **Appendix G, page 3**.

☐ My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward will proceed directly to Step 3 – Return to Learn and Return to Physical Activity.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ (Place copy of this page in OSR)

RETURN OF SYMPTOMS (for use at any point during the Return to School Plan)

☐ My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:

Step ____ of the Return to Learn/Return to Physical Activity Plan.

Parent/Guardian Signature: _____ Date: _____

(Place copy of this page in OSR)

Comments:

_____

_____

RETURN TO SCHOOL PLAN - PART 2: School Concussion Management

This stage of the plan occurs at school, with the support of the parent/guardian. This begins with the submission of a signed Step 1 of this appendix, and a meeting the parent/guardian, student, and principal/designate. This meeting will outline the steps of the school RTL and RTPA, as well as discuss specific supports and strategies for the students return to learning and to physical activity.

If at any time symptoms worsen, staff will contact the student's parent/guardian, and seek medical help immediately if required.

Advancement through the stages is always done with parent/guardian approval, and this form will document this process. Home/school communication is essential to ensure the well-being of the student.

If at any time during the following steps symptoms return, please refer to the "Return of Symptoms" section on page 1 of this form.

STEP 2 – Return to Learn

- *Student returns to school.*
- *Student makes a gradual return to the instructional day.*
- *Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.*
- *Physical rest – includes restricting recreational/leisure and competitive physical activities. Student may participate in individual, light aerobic physical activity, such as walking or stationary cycling, only while at home and at the discretion of the parent/guardian.*

☐ My child/ward has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child/ward will proceed to Step 3 – *Return to Learn* and *Return to Physical Activity*.

Parent/Guardian signature: _____ Date: _____

Principal Signature: _____ (Place copy of this page in OSR)

STEP 3 – Return to Learn and Return to Physical Activity

- *Student returns to regular learning activities at school.*
- *Student can participate in individual light aerobic physical activity only.*
- *Student continues with regular learning activities.*

☐ My child/ward is symptom free after participating in light aerobic physical activity. My child/ward will proceed to Step 4 – *Return to Physical Activity*.

☐ Parent/Guardian will correspond with teacher/coach/supervisor for Steps 4 and 5a.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ (Place copy of this page in OSR)

STEP 4 – Return to Physical Activity

- *Student may begin individual sport-specific activities only*

STEP 5a – Return to Physical Activity

- *Student may begin activities where there is no body contact (e.g. dance, badminton); light resistance/weight training; non-contact sport-specific drills.*

☐ My child/ward has successfully completed Steps 4 and 5a and is symptom free.

Parent/Guardian Signature: _____ Date: _____

(Place copy of this page in OSR)

STEP 5 – Return to Physical Activity

- *To be completed by school principal when Parent/Guardian submits* ***Appendix I***

☐ Parent/Guardian has obtained medical doctor/nurse practitioner diagnosis and signature (**Appendix I**) before proceeding to Step 6.

Principal Signature: _____ Date: _____

(Place copies of this page and Appendix I in OSR)

STEP 6 – Return to Physical Activity

- *Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.*

STEP 7 – Return to Physical Activity

- *Student may resume full participation in contact sports with no restrictions including games with parent permission.*

Parent/Guardian Permission:

☐ My child/ward is symptom free after participating in activities in practice where there is body contact and has permission to participate fully including games.

Parent/Guardian Signature: _____ Date: _____

(Place copy of this page in OSR)

Comments:

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