



# Concussion Protocol

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## INTRODUCTION

Merrick Preparatory School (MPS) recognizes that a concussion can have a significant impact on a student – cognitively, physically, emotionally and socially. As such, MPS has created a concussion protocol based on industry best practice while adopting and incorporating Concussion Protocol from the Canadian Guideline on Concussion in Sport released by Parachute Canada (<https://parachute.ca/en/injury-topic/concussion/>), the Ontario Ministry of Education (<http://www.edu.gov.on.ca/extra/eng/ppm/ppm-158-jan-2020.pdf>, <http://www.edu.gov.on.ca/extra/eng/ppm/158.pdf>, and <https://files.ontario.ca/mtcs-templates-athlete-code-of-conduct-aoda-2019-06-25.docx>), The Ontario Physical Education Association's Concussion Protocol (<https://safety.ophea.net/concussions>).

Recognition and thanks to Ashbury College and The Canadian International Hockey Academy for the resources shared and used in the creation of this document.

## PURPOSE

Merrick Preparatory School (MPS) recognizes the value of experiential learning, learning through sport and activity, including co-curricular activities and inter-school activities, sport, physical education, field trips and independent play. MPS is committed to the health, safety and wellbeing of its students and staff, while recognizing the risks associated with such activities as those mentioned above and the associated risk as outlined in the Field Trips, Elements of Risk section of the Parent-Student Handbook.

To protect the safety of students and staff 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 or staff who is suspected of having sustained a concussion is to be removed from or prevented from further participating in academic, athletics, activities, sport or any part of health and physical education curriculum;
- Respecting the return of a student or staff who has or may have sustained a concussion to any activity, academic, athletics or to any part of health and physical education curriculum, or his or her return to learning.

MPS's Concussion Policy has five components:

1. Education and Awareness
2. Prevention
3. Identification of Concussion – Onsite Protocol
4. Medical Assessment
5. Management Strategies for a Diagnosed Concussion
  - a. Return-to-Learn Protocol
  - b. Return-to-Play (Sport/Physical Activity) Protocol
6. Medical Clearance

In addition to this policy, MPS will comply with any additional obligations required under *Rowan's Law*.

## DEFINITIONS

**Concussion:** Concussion is the term for a clinical diagnosis that is made by a medical doctor or nurse practitioner. Since concussions can only be diagnosed by a medical doctor or nurse practitioner, educators, school staff or volunteers cannot make the diagnosis of a concussion.

A concussion:

- Is a brain injury that causes changes in 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 either by 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, most concussions occur without a loss of consciousness);
- Cannot normally be seen by means of medical imaging tests such as X-ray, standard computed tomography (CT) scans or magnetic resonance imaging (MRI) scans.

**Co-Curricular:** School sponsored and supported academic, physical or recreational activity that are a component of scheduled after class activity. These activities can be led by teaching staff or residential life staff or administrators or any other staff based on the activity.

**Field Trip:** Any academic activity that takes place off the school campus, typically run by and overseen by teachers.

**Residential Life Trip:** Any non-academic activity that takes place off the school campus, typically run by and overseen by Residential Life Supervisors.

**Athlete:** any youth or adult participating in school or non-school based sport activity, competing at any level (recreational or competitive, inter and intra school activity). This term refers to sport participants and players.

**Sport or sport activity:** Any school or non-school based physical activity that can be played as an individual or a team including games and practices, formal organized play or informal non-organized play, including any exercise.

**Recognition:** The detection of an event (i.e. a suspected concussion) occurring during sports or a sport or recreational activity or physical activity.

**Exercise:** Any physical activity that requires bodily movement including resistance training as well as aerobic and anaerobic exercise, activity or training.

**Persistent Symptoms:** Concussion symptoms that last longer than two weeks after injury in adults and longer than four 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. Note: concussions can only be diagnosed by a medical doctor or nurse practitioner.

**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 <https://bjsm.bmj.com/content/bjsports/51/11/872.full.pdf>. Found here: Academics - Root\Policies&Procedures&Forms\Concussion Protocol

**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.

**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.

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

## MULTI-DISCIPLINARY TEAM APPROACH RESPONSIBILITIES

Merrick Preparatory School (MPS) is a small family-like school and takes a team approach to support our students. MPS takes a Multi-Disciplinary Team Approach when dealing with concussions. The following are the key stakeholders in good concussion management:

Team	Role
Family Team / Director of Residential Life	The family of the student must be informed of an incident involving a concussion. It is the Head of School's responsibility to communicate with the family on this matter. For Day Students the family should designate someone to monitor and track symptoms (emotional/physical) and decide who is going to be the contact for MPS and medical teams. The family is responsible for communicating regularly with the Head of School in order to ensure effective care. For Boarding Students the Director of Residential Life is the designate to monitor and track symptoms (emotional/physical) and communicate with the Director of Academics and the Head of School and the medical team. The Director of Residential Life is responsible for communicating regularly with the Head of School in order to ensure effective care. See Communications Flow chart for check points.
School Team – Director of Residential Life & Director of Academics	Physical symptoms are tracked and monitored by the Director of Residential Life in the first 48 hours for boarding students. The Director of Academics is responsible for checking in with students daily, at Step 2 of Return to Learn, who have been diagnosed with a concussion so that symptoms can be monitored and to monitor the progression of the Return-to-Learn Protocols. The Director of Academics will inform the Director of Residential Life and the Head of School, and send an email to all teachers and residential life staff, each time a student moves from one step to another (forward or backward) in the Return-to-Learn Protocols. The Director of Residential Life will do the same through the Return-to-Play Protocols.
School Team – Director of Academics	The Director of Academics will work in collaboration with the teachers to track emotional and cognitive progress as well as communicate any accommodations required in the Return-to-Learn Protocol. The Director of Academics will communicate with the Director of Residential Life if the student regresses or progresses in their Return-to-Learn Protocol so that the Director of Residential Life can ensure the student stays in the correct Return-to-Learn step outside of the academic day.
Medical Team	This is a medical doctor or nurse practitioner involved in assessing the progress of the concussion. A medical doctor/physician or nurse practitioner is required to diagnose a concussion and required to clear a concussion before a student can i) return-to-learn full time and commence return-to-play, and; ii) return-to-play with contact. Documentation as outlined in Appendix A, B, and C is required by the physician or nurse practitioner in order for the protocol to take effect: i.e. diagnoses of a concussion (Appendix A), full return-to-learn and commence return-to-play (Appendix B), full contact return-to-play (Appendix C) and to guide school accommodations.

*Adapted from Rocky Mountain Youth Sports Institute, REAP Project 2011 and Ashbury College Concussion Protocol September 2019.*

The school team will gather on a regular basis to discuss concussion cases and progress.

## DEVELOPMENT OF AWARENESS RESPONSIBILITIES

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, co-curricular, field trip or inter-school sports, athletics or activities 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 Concussion Policy and Protocol, 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. Students must sign the Concussion Code of Conduct.

All teaching, residential life and administrative staff 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. MPS staff working with students in activities where concussions are a risk and administrators must sign the Concussion Code of Conduct.

### **Head of School:**

- Develops strategies for sharing information on the seriousness of concussions and on concussion prevention, identification and management with the school community
- Develops communication plan for the distribution of information on concussions and head injuries to parents, students and employees.
- Ensures relevant personnel distributes information on concussions and head injuries to parents, students, employees.
- 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.

### **Head of School, Director of Residential Life, Director of Academics:**

- Ensures relevant training on dealing with concussions and head injuries for all staff involved with co-curricular, intra-mural and inter-school activities and sport or any part of the physical education curriculum
- Works with parents and school community to increase awareness of concussions and head injuries including prevention, identification and management of such conditions
- Works closely with students who have or may have sustained a concussion and with their parents/guardians
- Reviews this policy annually and 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*

### **Director of Residential Life**

- As part of orientation includes slide and presentation on concussion and head injury with all students at the beginning of the year.
- Ensures all students and relevant staff sign the Concussion Code of Conduct annually.

### **All Teachers at First Co-curricular and all Advisors in Advisor Groups within Advisor's Curriculum:**

- Conducts concussion and head injuries discussions with all students at the beginning of the year and at intervals throughout the year as applicable.

### **Teachers and Residential Life Supervisors**

- Distributes information on concussions and head injuries to students and parents, as available.
- Reviews this policy annually and 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/Guardians**

- Informs the school of any previous concussion sustained by their child on the Medical Form in the Parent-Student Handbook
- Ensures the medical information in their child's file at MPS is kept up-to-date
- Follows protocols with respect to their child's return-to-learn and return-to-play
- Teaches their child
  - About the prevention of head injuries, the identification of symptoms of concussions and the management of concussions;
  - To recognize the first symptoms of concussion;
  - To communicate clearly when he or she suspects a concussion; and,
  - To take as much responsibility as possible for his/her own safety.
- Respond cooperatively to requests from the school with regards to concussions
- Participate in parent information sessions
- Review this policy and any other concussion related resource in place at the School and the government's concussion awareness resources as may be prescribed by *Rowan's Law*
- Encourage their child to respect students who have or are suspected of having sustained a concussion and follow School plans, policies and protocols on prevention and care of head injuries and the identification and management of concussions.

### **Students**

- Learn to recognize symptoms and signs of concussion and understand the dangers of concussions
- Review this Policy and 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*

## **PREVENTION RESPONSIBILITIES**

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

### **Head of School**

- Take actions that prevent concussions from happening: create policy and protocol, rules and regulations that minimize slips and falls by having a monthly Health and Safety Review of the School building and grounds, in addition to regular and ongoing maintenance. Ensure there is a platform for all to contribute to the discussion with regards to areas of concern through recording in



the daily maintenance log. Ensure all staff are aware not to create trip hazards and to keep floors and activity areas free of obstacles and have safe traction floors.

### **School Staff**

- Share concerns of safety and security with maintenance staff and Head of School so that they are addressed promptly, and any risk is minimized.

### **Teachers, Residential Life Supervisors, Staff Overseeing Activities or Sport**

Prior to activity or sport meet with students to go over the following information on concussions:

- a) The definition and causes of a concussion, signs, symptoms and dangers of participating in any activity while experiencing signs and symptoms of 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/staff 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 Head of School about a suspected concussion, and the parent;
- 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 activity and during activity:

- a) Teaches correct sport or activity training techniques in proper progression. Have students demonstrate and practice correct body contact techniques if there is body contact inherent or suspected in the sport or activity;
- b) Instructs absent students on previously taught safety skills prior to the next activity session;
- c) Enforces the rules of the sport/activity. Emphasizes the principles of head-injury prevention (e.g. keeping the head up and avoiding collisions)
  - a. Eliminate all hits to the head
  - b. 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. hockey or football helmets).
- f) Documents safety lessons (e.g. date, time, brief content, student attendance).
- g) Encourages all teachers, residential life staff or anyone conducting a sport or activity, students and parents to learn as much as possible about concussions.

Informs Head of School, 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 teacher, residential life staff, staff as soon as he or she suspects that he or she has sustained a concussion, even if the concussion did not occur at a school sponsored or sanctioned event, activity, sport.
- Immediately removes themselves from the activity that they are participating in
- Follows protocols with respect to return-to-learn and return-to-play

## All Students

- Follows all School safety rules to reduce risk of concussion
- Immediately reports a suspected concussion of any student to a teacher or staff member.

## IDENTIFICATION OF CONCUSSIONS – INITIAL ASSESSMENT

### Common Symptoms and Signs of Concussion

It is important to know that a student does not need to be “knocked out” (lose consciousness) to have had a concussion. After the concussion, the student may experience many different kinds of symptoms, and it is important to remember that some symptoms may appear immediately and others later. Students may be reluctant to report symptoms of concussion because of a fear that they will be removed from the activity, or jeopardize their status on a team, within a group, in a game or sport/activity. It is important to consider the permanent repercussions of a concussion. **Without proper management, a concussion can result in permanent problems or even death.**

Concussion should be suspected in the presence of any one or more of the following symptoms and signs:

### RED FLAG Signs and Symptoms:

- Deteriorating conscious state
- Double vision
- Blurred vision
- Increasingly restless, agitated or combative
- Loss of consciousness
- Neck pain or tenderness
- Seizure or convulsion
- Severe or increasing headache
- Pressure in the head
- Vomiting
- Weakness or tingling/burning in arms or legs
- Balance or gait (walking) difficulties, motor incoordination, stumbling, slow labored movements, loss or lack of coordination, poor balance
- Blank or vacant look or glassy eyed
- Disoriented or confused or inability to respond appropriately to questions
  - Is it before or after lunch?
  - What activity/sport/game are you playing now?
  - What field are you playing on now?
  - What is the name of your teacher/coach?
  - What school do you go to?
  - Do you remember what happened?
- Facial injury after head trauma
- Lying motionless on the playing surface (no loss of consciousness)
- Slow to get up after a direct or indirect hit to the head
- Slurred speech
- Slow to answer questions or follow directions

### Other Signs and Symptoms:

- Headache
- Sensitivity to noise

- Sensitivity to light
- Sadness
- Nervous or anxious
- More irritable
- Nausea
- More emotional
- Feeling slowed down
- Feeling like in a fog
- Fatigue or low energy
- Drowsiness
- “Don’t feel right”
- Dizziness
- Difficulty remembering
- Difficultly concentration
- General confusion
- Cannot remember things that happened before or after the injury

The signs and symptoms of a concussion often last 7-10 days but may last much longer. The exact length of this period is unclear, but the brain temporarily does not function normally and during this time it is more vulnerable to a **second head injury which may be fatal**. In some cases, student may take many weeks or months to heal. Significant cognitive symptoms may result from concussion including:

- Poor attention and concentration
- Reduced speed of information processing
- Impaired memory and learning
- Significant negative effect on educational and social attainment
- Significant negative effect on learning new skills and attending to homework

## STEPS TO TAKE AFTER INITIAL CONCUSSION ASSESSMENT

**THERE IS NO DANGER IN ACTING TOO QUICKLY**

**THERE IS POTENTIAL DANGER IN REACTING TOO SLOWLY**

### RED FLAG SIGNS AND SYMPTOMS

If any RED FLAG Signs and Symptoms are present:

- Immediately remove the student from the activity/game/sport
- Call 911
- If the student is unconscious do not move them, assume a neck injury
- If the student regains consciousness, encourage them 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.
- Call the Head of School, Director of Residential Life, parent/guardian
- Monitor and record/document any changes (physical, cognitive, emotional/behavioural), record date, time and steps you have taken.

## OTHER SIGNS AND SYMPTOMS

If any of the OTHER signs and symptoms are present:

- Immediately remove the student from the activity/game/sport;
- Immediately take the student to be assessed by a medical doctor.
- **Do not administer medication** unless the student requires medication for other conditions, i.e. insulin for a student with diabetes.
- Call the Head of School, Director of Residential Life and the parent/guardian.
- Monitor and record/document any changes (physical, cognitive, emotional/behavioural), record date, time and steps you have taken.

### Medical Assessment Letter – Appendix A

When the student is taken to be assessed by a medical doctor the Medical Assessment Letter – Appendix A must be completed by the medical doctor, brought back to the school and submitted to the Head of School. The Head of School must file the Medical Assessment Letter in the student's Ontario Student Record (OSR).

## CONCUSSION MANAGEMENT PROTOCOL: RETURN-TO-LEARN

Concussion Management Protocols are put in place after the student has been assessed by a medical doctor and the medical doctor has checked the “Concussion: the student has a concussion” checkbox on the Medical Assessment Letter – Appendix A.

There are five steps to Return-to-Learn. The Director of Academics will oversee these steps in conjunction and coordination with the Head of School, Director of Residential Life and parent(s). Coordination, communication and cooperation at each step is critical for a safe concussion recovery.

A student cannot be left alone for 48 hours after a concussion. They must be monitored regularly and woken every hour to ensure they have not deteriorated. If they deteriorate, they must seek medical attention immediately. It is the Director of Residential Life's responsibility to ensure boarding students are monitored in this initial 48-hour period. For day students it is the parent's responsibility to monitor their child during the first 48 hours. It is the Director of Academic's Responsibility to monitor the student through the Return-to-Learn steps and inform all staff if a student is allowed to progress or must move back a step.

Step 1 is two days (48 hours), all other steps must be a minimum of one day. If any sign or symptom is present the student returns to the previous step until symptom free for at least 24 hours before progressing to the next step. If the signs or symptoms persist the student must consult with a medical doctor for an updated assessment.

The Director of Academics will work with the teachers to ensure appropriate and individualized classroom strategies and approaches are used for a student recovering from a concussion.

## RETURN-TO-LEARN STEPS

Step	Stage	Activity	Goal at each Step
1	<b>Student at Home/Dorm:</b> Daily activities at home that do not increase symptoms, introduce symptoms or re-introduce symptoms	<b>Cognitive and physical rest for the first 48 hours.</b> No screen time (computer, tablet, phone, TV, etc), no reading, no activity, quiet rest in dark room, no activity/exercise/sport/exertion, no loud noise. Minimal cognitive activity. Minimal physical activity.	<b>To be symptom free</b> before returning to school. Gradual return to school.
2	<b>Part-time School:</b> Partial Load/Light Load	Student re-enters school, academic activities/attends class on a <b>partial basis</b> . Meets with the Director of Academics and Director of Residential Life. <b>Minimal work</b> e.g. attend part of one class, rest, if student feels well, attend part of a second class, gradually increasing frequency and time as long as no symptoms surface. Minimal reading, no screen time; just attend class, no homework. Rest between attending partial classes.	Increase tolerance to cognitive work.
3	<b>Part-time School:</b> Moderate Load with Accommodations	Gradual introduction to schoolwork. Attends part-time for part of the day and/or has increased breaks compared to other students throughout the day. Moderate accommodations with some homework expectations.	Increase academic activities. Student starts to feel pressure to complete work.
4	<b>Full-Time School:</b> Near normal load. Accommodations being reduced	Gradual progress. Student requires support with managing academics, teacher support is critical at this stage to assist student in catching up on work. Student moves from longer breaks between classes to shorter breaks and attending all classes with homework. <b>MEDICAL CLEARANCE REQUIRED TO MOVE TO NEXT STEP</b>	Return to full academic activities and catch up on missed school work.
5	<b>Full Time School:</b> Return to normal work load, no accommodations	Confirm <b>Medical Clearance – Appendix B</b> is received before returning to Full Time School. Student returns to normal cognitive work load. Assist in catching student up to missed work, confirm student is caught up with missed work.	Return to normal school activities and full academic work load

At Step 4, and before Step 5, a student with a diagnosed concussion must be cleared by a medical doctor in order to return to Full Time School and in order to commence the Return-to-Play protocol. A student cannot return to full time school, nor commence Return-to-Play without a Medical Clearance Assessment Letter: Full Time School – Appendix B. The Director of Academics will inform the Director of Residential Life when a boarding student is ready to return to Full Time School, and the parent(s) for day students. The Director of Residential Life will coordinate a medical visit for boarding students, the parents for day students, to ensure the student is cleared by a medical doctor to return to full time school and commence the Return-to-Play protocol. The Medical Clearance Assessment Letter: Full

Time School- Appendix B will be filed in the student's Ontario Student Record (OSR) by the Head of School.

### Post-Concussion Symptoms

Post-concussion, students may suffer from a variety of symptoms that impact their academic performance. Below is a list of post-concussion symptoms that can be clustered into four general categories. It is important for 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 starts <input type="checkbox"/> Sensitivity to noise - Ringing in 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" (slow 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 symptoms that impact learning in class. Accommodations such as extra time, coordinating testing dates, flexibility with deadlines, assisting with checking work, reduce cognitive demands by focusing 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 a 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  Students may need rest periods. Do not wait until the student's over-tiredness results in an emotional "meltdown". Resting when other students may be doing physical activities (eg: co-curriculars) is required. Do not consider "quiet reading" or watching a movie as resting.

Adopted from *Rocky Mountain Sports Institute*, REAP Project, 2011.

### Strategies and approaches to support Return-To-Learn process.

COGNITIVE DIFFICULTIES		
Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies & Approaches
Headache and fatigue	Difficultly concentrating, paying attention or multitasking	<ul style="list-style-type: none"> <li>• Ensure instructions are clear (e.g., simplify directions, have student repeat directions back to teacher)</li> <li>• Allow student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts)</li> </ul>

		<ul style="list-style-type: none"> <li>• Keep distractions to a minimum (e.g., move student away from bright lights and noisy areas)</li> <li>• Limit materials on student's desk and in work areas to avoid distractions</li> <li>• Provide alternative assessment opportunities (e.g., give tests orally, allow student to dictate responses to test or assignments, provide access to technology)</li> </ul>
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, assessing learned information	<ul style="list-style-type: none"> <li>• Provide a daily organizer and prioritize tasks</li> <li>• Provide visual aids/cues and advanced organizers (e.g., visual cueing, non-verbal signs)</li> <li>• Divide large assignments/assessments into smaller tasks</li> <li>• Provide student with a copy of class notes</li> <li>• Provide access to technology</li> <li>• Repeat instructions</li> <li>• Provide alternative methods for the student to demonstrate mastery</li> </ul>
Difficulty paying attention or concentrating	Limited/short-term focus on school work; difficulty maintaining a regular academic workload or keeping pace with demands	<ul style="list-style-type: none"> <li>• Coordinate assignments and projects among all teachers</li> <li>• Use a planner/organizer to manage and record daily/weekly homework and assignments</li> <li>• Reduce and/or prioritize homework, assignments and projects</li> <li>• Extend deadlines or break down tasks</li> <li>• Facilitate the use of a peer note taker</li> <li>• Check frequently for comprehension</li> <li>• Consider limiting tests to one per day and student may need extra time or quiet environment</li> </ul>
<b>EMOTIONAL OR BEHAVIOURAL DIFFICULTIES</b>		
<b>Post-Concussion Symptoms</b>	<b>Impact on Student's Learning</b>	<b>Potential Strategies &amp; Approaches</b>
Anxiety	Decreased attention of concentration; overexertion to avoid falling behind	<ul style="list-style-type: none"> <li>• Inform student of any changes in daily timetable/schedule</li> <li>• Adjust student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours, half-days, full days)</li> <li>• Build in more frequent breaks throughout the day</li> <li>• Provide student with preparation time to respond to questions</li> </ul>
Irritable or frustrated	Inappropriate or impulsive behaviour in class	<ul style="list-style-type: none"> <li>• Encourage teachers to use consistent strategies and approaches</li> <li>• Acknowledge and empathize with student's frustration, anger or emotional outbursts if/as they occur</li> <li>• Reinforce positive behaviour</li> <li>• Provide structure and consistency on a daily basis</li> <li>• Prepare the student for change and transitions</li> <li>• Set reasonable expectations</li> </ul>

		<ul style="list-style-type: none"> <li>• Anticipate and remove student from a problem situation (without characterizing it as punishment)</li> </ul>
Light or noise sensitivity	Difficulties in working in a classroom environment (e.g., lights, noise, etc)	<ul style="list-style-type: none"> <li>• Arrange strategic seating (e.g., mov the student away from window or talkative peers, proximity to teacher or peer support, quiet setting)</li> <li>• Where possible provide access to special lighting (e.g., task lighting, darker room)</li> <li>• Minimize background noise</li> <li>• Provide alternative setting (e.g., alternative workspace, study area, study carrel)</li> <li>• Avoid noisy crowded environments such as assemblies, hallways during high traffic times, dining hall at meals</li> <li>• Allow student to eat lunch in quiet area with a few friends (snack bar or after/before the meal time)</li> <li>• Where possible provide ear plugs, headphones, sunglasses</li> </ul>
Depression, withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"> <li>• Build time into class/school day for socialization with peers</li> <li>• Partner student with “buddy” for assignments or activities</li> </ul>

**CONCUSSION MANAGEMENT PROTOCOL: RETURN-TO-PLAY PROTOCOL**

Return-to-Play can only commence after a medical doctor has complete the Medical Clearance Assessment Letter: Full Time School– Appendix B and checked the “Return to Full Time School” checkbox. As students commence the Return-to-Play protocol they must be vigilant, as must be parents and staff, 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 recovering quickly, they may be back to full activity/sport in one week after the commencement of the return-to-play protocol. If symptoms persist, the student must consult a medical doctor for re-assessment. A student may only return to full contact activity/sport after the Medical Clearance Assessment Letter: Full Contact Sport – Appendix C has been completed and the medical doctor has checked the “Return to Full Contact Sport” checkbox.

The Director of Residential Life will oversee the implementation of the Return-To-Play protocol after consultation with the Director of Academics and Head of School and after a medical doctor has checked the “Return to Full Time School” from the Medical Clearance Assessment: Full Time School – Appendix B.

**RETURN-TO-PLAY STEPS**

Step	Stage	Activity	Goal of Each Step
1	Symptom-limiting activity	Limited activity, daily activities that do not provoke symptoms. Daily activities to fulfil return to full time school (e.g.: walking, riding in vehicle,	Gradual re-introduction to sport/activity



		eating in dining hall, regular academic day activities)	
2	Light aerobic activity	Gentle walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate
3	Sport specific activity	Jogging, running, rowing machine or skating drills. No contact, no risk of head impact activities	Add movement.
4	Non-contact training drills	Harder training drills, i.e., passing drills. Start progressive resistance training. <b>MEDICAL CLEARNACE REQUIRED TO MOVE TO NEXT STEP</b>	Exercise, coordination and increased thinking skills
5	Full contact practice. Practice must be done prior to game play. Return to play.	Confirm <b>Medical Clearance – Appendix C</b> is received before Step 5 commences. Step 5 only commences following medical clearance. Return to normal game play.	Restore confidence and access functional skill by teaching and coaching staff.

**Medical Advice: When a Specialist Should be Consulted**

Merrick Preparatory School relies on the guidance of medical doctors in the return to full academic workload, return to sport/activity and return to contact sport/activity. If at any time a student has a setback in symptoms, a medical doctor should be consulted. At this point, Merrick Preparatory School will request a medical practitioner who specializes in concussions be consulted. If symptoms persist beyond one month, Merrick Preparatory School will request a medical practitioner that specializes in concussions be consulted.

**MEDICAL ASSESSMENT LETTER - APPENDIX A**

This form must be completed by a medical doctor upon examination of the student suspected of suffering a concussion while under the care of Merrick Preparatory School, +1.613.269.2064. This form must be filed in the student's Ontario Student Record (OSR) by the Head of School, Kevin Farrell, [kevinf@merrickprep.com](mailto:kevinf@merrickprep.com).

Today's Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Accompanying MPS Staff: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Medical Institution Where Student is Examined: \_\_\_\_\_

Address of Medical Institution Where Student is Examined: \_\_\_\_\_

Phone Number of Medical Institution Where Student is Examined: \_\_\_\_\_

**Doctor's Assessment:**

- No Concussion:** the student may return to normal academic and sport activity
- No Concussion:** the student may return to normal academic activity and limited sport activity as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- No Concussion:** the student may return to limited academic activity and limited sport activity as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Concussion:** the student has a concussion. No activity until symptoms and signs have gone.

Doctor's Signature: \_\_\_\_\_

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

**MEDICAL CLEARANCE ASSESSMENT LETTER: Full-Time School – APPENDIX B**

This form must be completed by a medical doctor upon examination of the student who has been diagnosed with a concussion while under the care of Merrick Preparatory School, +1.613.269.2064. This form, along with a copy of the completed Medical Assessment Letter – Appendix A, must accompany the student for review and completion by a medical doctor during the Medical Clearance Assessment appointment. This form must be filed in the student’s Ontario Student Record (OSR) by the Head of School, Kevin Farrell, [kevinf@merrickprep.com](mailto:kevinf@merrickprep.com).

Today’s Date: \_\_\_\_\_

Date of Medical Assessment Letter – Appendix A: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Accompanying MPS Staff: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Medical Institution Where Student is Examined: \_\_\_\_\_

Address of Medical Institution Where Student is Examined: \_\_\_\_\_

Phone Number of Medical Institution Where Student is Examined: \_\_\_\_\_

**Doctor’s Assessment:**

- Return to Full Time School:** the student may return to full time normal academic activity and commence the graduated return-to-play protocol.
- Do NOT Return to Full Time School:** the student is still exhibiting signs and symptoms of concussion and should not return to Full Time School. The following steps are recommended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor’s Signature: \_\_\_\_\_

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

**MEDICAL CLEARANCE ASSESSMENT LETTER: Full Contact Sport – APPENDIX C**

This form must be completed by a medical doctor upon examination of the student who has been diagnosed with a concussion while under the care of Merrick Preparatory School, +1.613.269.2064. This form, along with a copy of the completed Medical Assessment Letter – Appendix A and Medical Clearance Assessment Letter: Full Time School – Appendix B, must accompany the student for review and completion by a medical doctor during the Medical Clearance Assessment: Full Contact Sport appointment. This form must be filed in the student’s Ontario Student Record (OSR) by the Head of School, Kevin Farrell, [kevinf@merrickprep.com](mailto:kevinf@merrickprep.com).

Today’s Date: \_\_\_\_\_

Date of Medical Assessment Letter – Appendix A: \_\_\_\_\_

Date of Medical Assessment Clearance Letter: Full Time School – Appendix B: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Accompanying MPS Staff: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Medical Institution Where Student is Examined: \_\_\_\_\_

Address of Medical Institution Where Student is Examined: \_\_\_\_\_

Phone Number of Medical Institution Where Student is Examined: \_\_\_\_\_

**Doctor’s Assessment:**

- Return to Full Contact Sport:** the student may return to full contact sport
- Do NOT Return to Full Contact Sport:** the student is still exhibiting signs and symptoms of concussion and should not return to full contact sport. The following steps are recommended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor’s Signature: \_\_\_\_\_

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