



Office of the Director

Jim McCuaig Education Centre
2135 Sills Street Thunder Bay ON P7E 5T2
Telephone (807) 625-5131 Fax (807) 622-0961

BOARD ADVISORY COMMITTEE
Tuesday, May 9, 2023
Jim McCuaig Education Centre

Sherrilynne Pharand
Director of Education

Ellen Chambers
Chair

AGENDA

PUBLIC SESSION
7:30 p.m. – in the Board Room/Microsoft Teams

	<u>Resource Person</u>	<u>Pages</u>
1. Call to Order		
2. Disclosure of Conflict of Interest		
3. Approval of the Agenda		
4. Resolve into Committee of the Whole – Closed Session		
5. COMMITTEE OF THE WHOLE - Closed Session – 7:15 p.m. (SEE ATTACHED AGENDA)		
6. Land Acknowledgement		
7. Delegations/Presentations		
7.1 Introduction of 2023-2025 Student Trustee	E. Chambers	Verbal
7.2 Introduction of 2023-2025 Indigenous Student Trustee	E. Chambers	Verbal
7.3 École Gron Morgan Public School - <i>Sense of Belonging</i>	M. Probizanski	1-2
8. Approval of Minutes		
8.1 Board Advisory Committee Meeting - April 11, 2023	E. Chambers	3-5
9. Business Arising from the Minutes		

Trustees (Chair and Vice-Chair) and presenters of reports will be available
for comment after the Board Meeting.

LAKEHEAD DISTRICT SCHOOL BOARD

MATTERS NOT REQUIRING A DECISION:

- | | | | |
|-----|--|------------|-----|
| 10. | Information Reports | | |
| | 10.1 Parent Involvement Committee Meeting Minutes
- March 6, 2023 | S. Pharand | 6-9 |
| 11. | First Reports | | |

MATTERS FOR DECISION:

- | | | | |
|------|--|-------------|-------|
| 12. | Postponed Reports | | |
| 13. | Ad Hoc and Special Committee Reports | | |
| 14. | New Reports | | |
| 14.1 | Approval of 2023-2024 Board Advisory and Regular Board Meeting Schedule (056-23) | E. Chambers | 10-12 |
| | <i>It is recommended that Lakehead District School Board approve the revised 2023-2024 Board Advisory Committee and Regular Board Meeting Schedule, as set out in Appendix A to Report No. 056-23.</i> | | |
| 14.2 | Policy Review Schedule (060-23) | S. Pharand | 13-15 |
| | <i>It is recommended that Lakehead District School Board approve the 2023 to 2031 Policy Review Schedule, Appendix A to Report No. 060-23.</i> | | |
| 14.3 | Policy Review – 3092 Privacy and Information Management (059-23) | AJ Keene | 16-30 |
| | <i>It is recommended that Lakehead District School Board approve 3092 Privacy and Information Management Policy, Appendix A to Report No. 059-23.</i> | | |
| 14.4 | Policy Review – 3094 Electronic Meetings (049-23) | S. Pharand | 31-33 |
| | <i>It is recommended that Lakehead District School Board approve 3094 Electronic Meetings Policy, Appendix A to Report No. 049-23.</i> | | |

Trustees (Chair and Vice-Chair) and presenters of reports will be available for comment after the Board Meeting.

		<u>Resource Person</u>	<u>Pages</u>
14.5	Policy Review – 8062 Voluntary Aboriginal Student Self-Identification (057-23)	AJ Keene	34
	<i>It is recommended that Lakehead District School Board defer the review of 8062 Voluntary Aboriginal Student Self-Identification Policy, to the June 13, 2023 Board Advisory Committee meeting, in order to gather additional feedback.</i>		
14.6	Policy Review – 8065 Voluntary Aboriginal Staff Self-Identification (058-23)	AJ Keene	35
	<i>It is recommended that Lakehead District School Board defer the review of the 8065 Voluntary Aboriginal Staff Self-Identification Policy, to the June 13, 2023 Board Advisory Committee meeting, in order to gather additional feedback.</i>		
14.7	Policy Review – 8074 Student Concussion Management (055-23)	M. Probizanski	36-119
	<i>It is recommended that Lakehead District School Board Approve 8074 Student Concussion Management Policy as amended, Appendix A to Report No. 055-23.</i>		
15.	New Business		
16.	Notices of Motion		
17.	Information and Inquiries		
18.	Adjournment		

Trustees (Chair and Vice-Chair) and presenters of reports will be available
for comment after the Board Meeting.



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BOARD ADVISORY COMMITTEE

Tuesday, May 9, 2023

Jim McCuaig Education Centre

Sherrilynne Pharand
Director of Education

Ellen Chambers
Chair

AGENDA

**COMMITTEE OF THE WHOLE – Closed Session
7:15 p.m. – in the Sibley Room**

	<u>Resource Person</u>	<u>Pages</u>
5.1 Approval of Committee of the Whole - Closed Session Minutes		
5.1.1 Board Advisory Committee Meeting - April 11, 2023	E. Chambers	1-2
5.2 Business Arising from the Minutes		
5.3 Consideration of Reports		
5.3.1 Personnel Matter	M. Probizanski	Verbal
5.4 Information and Inquiries		
5.5 Rise and Ask Leave to Sit in Public Session		

Trustees (Chair and Vice-Chair) and presenters of reports will be available
for comment after the Board Meeting.

LAKEHEAD DISTRICT SCHOOL BOARD



Celebrating Student Achievement

School: École Gron Morgan Public School

Title of Initiative: Sense of Belonging

Presentation Team: Erin Aylward & Leesa McCarville

Components of Initiative	School's Details
1. Description of the nature of the initiative to improve student achievement	<p>Research suggests that in schools, a sense of belonging gives students' feelings of security, identity and community, which, in turn supports academic, psychological and social development. Jethwani-Keyser 2008</p> <p>This was the premise of our school's focus.</p>
2. Rationale for selecting the initiative	<p>We began our journey with the pillar of BELONGING – the belief being that without a sense of belonging and a HOME for our students at École Gron Morgan Public School, getting to the academics would be a challenge.</p>
3. Intended outcomes of the initiative related to improved student achievement	<p>Our hope was for students to feel a sense of belonging when they enter our doors and see themselves reflected in the teaching and learning in their classrooms. This, in turn, would result in improved student engagement which is then reflected in student achievement.</p> <p>Our premise was the power of the word "YET". We added the word "YET" to everything. For example, some of our students aren't reading at grade level YET . . .</p>
4. Description of the data used	<p>Climate survey, student, staff and parent voice helped guide our focus on a sense of belonging.</p> <p>Our running records, Heggerty and Lexia scores were all factored in.</p>
5. Brief description of the significant activities or strategies involved with the initiative	<p>Staff working hard to create inclusive/equitable learning spaces in and outside of the classrooms. Providing various types of opportunities such as bringing in guest speakers, cultural programming, and hands on learning experiences.</p>

<p>6. One or two highlights of the above activities</p>	<p>Classroom environments was a key focus to develop a sense of belonging . . . creating a space for ALL learners – not just traditional classroom spaces – outdoor learning spaces, comfy spaces, safe spaces, reading nooks, math thinking classrooms.</p> <p>Establishment of partnership with Elder and Knowledge Keeper Sheila Decorte - Moccasin Project.</p> <p>Space for our English as a Second Language (ESL) students to pray, French cultural experiences “Bonhomme Carnival”, sensory room space available for students who require a different setting.</p>
<p>7. Description of any unexpected results or “moments of serendipity” related to the initiative</p>	<p>Throughout our journey of “Belonging”, leaders emerged in some of the least expected places. Setting the bar high and keeping up with high expectations was something that worked for us. When students felt they belonged, they rose to the challenge.</p>
<p>8. Description of one or two interesting findings that would be useful or helpful to other schools</p>	<p>Everyone at École Gron Morgan Public School works as a team - teachers, ECEs, SSPs, ISTs, our custodial staff, our secretaries, Kinderplace – everyone.</p> <p>We utilize the supports from Lakehead District School Board and our fantastic program department.</p> <p>Student voice is key!!!</p>
<p>9. Identification of one or two noteworthy hurdles or stumbling-blocks</p>	<p>Sometimes student and staff buy in can be tricky; however, we built things around the “support and pressure” model for both students and staff in order to continue our journey of academic growth.</p> <p>Trying to fit in all opportunities can be a challenge – working within our school calendar and planning ahead then became key.</p>
<p>10. Next steps in pursuing the initiative</p>	<p>Continued partnerships and learning opportunities for students and staff to engage in to continue learning, building and creating equitable environments for all our students.</p>
<p>11. Lessons learned about the school’s efforts to improve student achievement</p>	<p>When we know better, we do better!</p>

LAKEHEAD DISTRICT SCHOOL BOARD

MINUTES OF BOARD ADVISORY COMMITTEE

Board Room/Microsoft Teams
Jim McCuaig Education Centre

2023 APR 11
7:30 p.m.

TRUSTEES PRESENT:

Donica LeBlanc (Chair)
Ellen Chambers
Ron Oikonen
George Saarinen (Virtual)

Trudy Tuchenhagen
Scottie Wemigwans
Alexa Sagutcheway (Indigenous Student
Trustee)

TRUSTEE ABSENT, WITH REGRET:

Pat Johansen (Attended Superior Collegiate and Vocational Institute's Ramadan
Kareem – Iftar Dinner)
Mehar Mago (Student Trustee) (Attended Superior Collegiate and Vocational Institute's
Ramadan Kareem – Iftar Dinner)
Ryan Sitch
Leah Vanderwey

SENIOR ADMINISTRATION:

AJ Keene, Acting Director of Education
Sherri-Lynne Pharand, Director of Education (Virtual)
Jane Lower, Superintendent of Education
Michelle Probizanski, Superintendent of Education
Kirsti Alaksa, Superintendent of Business

FEDERATION/UNION REPRESENTATIVES:

David Covello, Managers

PUBLIC SESSION:

1. **Delegations/Presentations**

Trustee LeBlanc, on behalf of the Board, presented Vince Tropea, St. James Public School, with the Trustee Character Award. Vince was recognized for his exceptional dedication as a student support professional, as well as a dependable and helpful member of the St. James Public School community for the past 23 years.

2. **Approval of Agenda**

Moved by Trustee Chambers

Seconded by Trustee Tuchenhagen

“THAT the Agenda for Board Advisory Committee Meeting, April 11, 2023 be approved.”

CARRIED

3. Business Arising from the Minutes

3.1 Trustee Chambers informed the Board that she did not attend the Thunder Bay Symphony Orchestra performance of *Jacob Two-Two* at Superior Collegiate and Vocational Institute on February 1, 2023 as indicated in 12.5.

3.2 Trustee Saarinen informed the Board that the OPSBA Northern Regional Conference in Sault Ste. Marie will be in held on October 13-14, 2023 and not in November 2023 as stated in 12.7.

4. Resolve into Committee of the Whole – Closed Session

Moved by Trustee Johansen

Seconded by Trustee Saarinen

“THAT we resolve into Committee of the Whole – Closed Session with Trustee LeBlanc in the chair to consider the following:

- *Confirmation of Committee of the Whole – Closed Session Minutes*
 - *February 14, 2023*
- *Personnel Matter (051-23)*

and that this meeting shall not be open to the public pursuant to Section 207 (2) of the Education Act as amended.”

CARRIED

COMMITTEE OF THE WHOLE – CLOSED SESSION:

5. Committee of the Whole – Closed Session items were dealt with in their entirety.

PUBLIC SESSION:

6. Confirmation of Minutes

Moved by Trustee Tuchenhagen

Seconded by Trustee Wemigwans

“THAT the Board Advisory Committee approve the minutes of the Board Advisory Committee Meeting, February 14, 2023.”

CARRIED

MATTERS NOT FOR A DECISION:

7. New Teacher Induction Program (048-23)

AJ Keene, Acting Director of Education, introduced Fred Van Elburg, Elementary Coordinator, who presented the report. All trustees’ questions were addressed.

MATTERS FOR DECISION:

8. Policy Review – 8070 Safe Schools – System Expectations (050-23)

Moved by Trustee Chambers

Seconded by Trustee Saarinen

“THAT Lakehead District School Board approve 8070 Safe Schools - System Expectations Policy, as updated, Appendix A to Report No. 050-23.”

CARRIED

9. Policy Review – 3094 Electronic Meetings (049-23)

Moved by Trustee Oikonen

Seconded by Trustee Tuchenhagen

“THAT Lakehead District School Board defer 3094 Electronic Meetings Policy, Appendix A to Report No. 049-23 to the May 9, 2023 Board Advisory Committee Meeting.”

CARRIED

10. Information and Inquiries

Trustee Chambers reported that she, Trustee LeBlanc, Trustee Tuchenhagen, Trustee Johansen and Director Pharand visited McKenzie Public School for a school tour on March 31, 2023.

11. Adjournment

Moved by Trustee Saarinen

Seconded by Trustee Tuchenhagen

“THAT we do now adjourn at 7:59 p.m.”

CARRIED

LAKEHEAD DISTRICT SCHOOL BOARD

MINUTES OF PARENT INVOLVEMENT COMMITTEE

Board Room
Jim McCuaig Education Centre

2023 MAR 6
6:30 p.m.

MEMBERS PRESENT:

Robin Cawlishaw
Shannon Jessiman
Sherri-Lynne Pharand
Laura Prodanyk

Stephanie Rea
Rae-Ann Rees
George Saarinen

RESOURCE:

Judy Hill, Executive Assistant

MEMBERS ABSENT, WITH REGRET:

Serena Essex
Tara Ingram
Chitra Jacob
Jena Samakese
Fred Van Elburg

GUESTS:

Anthony Jeethan, Human Rights and Equity Advisor
Angela Lee-Wiwcharyk, Manager of Finance
Paula Ribotto

1. **Call to Order, Welcome and Introductions**

Chair Rees called the meeting to order and welcomed everyone to the meeting.

2. **Land Acknowledgement**

Chair Rees acknowledged the lands and traditional territory.

3. **Disclosures of Conflict of Interest**

There were no disclosures of conflict of interest.

4. **Approval of the Agenda**

The agenda was approved by consensus.

5. **Confirmation of Minutes – January 16, 2023**

The minutes were approved by consensus.

6. Business Arising from the Minutes

There was no business arising from the minutes.

7. Introduction of Human Rights and Equity Advisor

Director Pharand introduced Anthony Jeethan, the Board's Human Rights and Equity Advisor who commenced employment with the Board on January 9, 2023.

8. Presentation on Children and Anxiety

Paula Ribotto, a retired Early Child Educator, parent, and grandmother, addressed the group about the rising number of children suffering from anxiety in Thunder Bay. Some causes of the anxiety in children are caused by family dynamics, kids being bussed to school, more women working outside the home, structured activities, virtual reality, to list a few. Research has shown that independent and uninterrupted play is vital for a child to foster their sense of importance. The website [Let Grow - When Adults Step Back, Kids Step Up.](#) has a number of resources available for parents and teachers. Questions from the group were addressed. Director Pharand thanked Paula for her very informative presentation.

9. 2023-2024 Budget Process

Angela Lee-Wiwcharyk, Manager of Finance, provided information on the upcoming 2023-2024 budget. Indigenous Trustee Scottie Wemigwans, is the chair and Trustee George Saarinen, is vice chair of the Budget Committee this year. Chair Rees thanked Angela for her presentation.

10. Anxiety 101

Director Pharand referred to the link in the agenda to the presentation by Lakehead Public Schools social workers on anxiety and its impact on children. Tips and strategies were given on how to cope and feel better overall. Stephanie Rea, Communications Officer, will promote the presentation on social media. The link will be sent to principals to include in school newsletters. <https://www.youtube.com/watch?v=dT3nsDyJH2E>

11. PIC Budget Deputation

Last year's deputation was shared with the group for input into this year's presentation. The Budget Deputation evening will be held on Tuesday, April 4, 2023. Rae-Ann Rees, Chair of PIC, will present the report. The group was asked for feedback on what PIC's top three priorities are to enhance student success. Judy will send out previous priorities that PIC submitted in previous years to the group. Input to be sent to Judy by Monday, March 20, 2023.

12. PIC Representative on Equity and Inclusive Education Committee

Robin Cawlishaw, parent member, volunteered to be the PIC representative on the above committee.

13. Parent Involvement Committee/Mental Health Symposium Update

Shannon Jessiman, principal representative, provided the following update on the symposium:

- event will be held at Westgate CVI on Wednesday, April 19, 2023, 5:30 p.m. – 7:30 p.m.;
- a number of booths from community partners;
- key note speaker;
- three 20-minute workshops for parents;
- Giant Gymnastics for the children;
- food; and
- child care.

14. Parent Engagement Meeting February 22, 2023

Shannon Jessiman, principal representative, attended the above meeting virtually with the Ministry of Education. Topics discussed were PRO Grants and a presentation from School Mental Health Ontario (SMHO). Attached is a resource summary from SMHO.

15. OPSBA 2023 Awards Program

Individuals may nominate non-teaching staff, volunteers, parents, and community partners for their contribution to the overall well-being of the school(s) or community(ies). This information has been shared with school council chairs as well. Completed nomination forms are due to Michelle Tavares in the director's office, michelle_tavares@lakeheadschoools.ca no later than Friday, March 24, 2023.

16. Aboriginal Education Advisory Committee (AEAC) Report

Deferred to next meeting.

17. Director's Report

Director Pharand reported on the following:

Reports to the Board included:

- Information Technology;
- Early Learning;
- School Calendar Report;
- Ontario Human Rights Commission Right to Read;
- Policy Reviews on:
- Facility Partnership;
- Emergency Evacuation and Emergency School Closure; and
- Conflict of Interest.

Director Pharand congratulated Dave McQueen, Senior Information Technology Specialist, on receiving Lakehead District School Board's Leadership Award and thanked Dave for always keeping us connected.

Director Pharand provided updates on the following:

- Tiny Home project at Hammarskjold High School;
- math contests;
- return of drama presentations this spring;
- gold medals for Westgate CVI's Sr. Girls Volleyball and Hammarskjold High School's Jr. Girls Volleyball;
- girls hockey – Westgate CVI won 3rd straight SSSAA High School Hockey Championship; and
- a number of medals in wrestling.

18. Other Business

There was no other business.

19. Next Meeting Date

Monday, May 1, 2023.

20. Adjournment

The meeting adjourned at 7:50 p.m.

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2023 MAY 09
Report No. 056-23

TO THE CHAIR AND MEMBERS OF THE
BOARD ADVISORY COMMITTEE – Public Session

RE: APPROVAL OF 2023-2024 BOARD ADVISORY COMMITTEE AND REGULAR BOARD MEETING SCHEDULE

1. Background

- 1.1 Section 6.1 of the 2022 Governing By-Laws requires that Regular meetings of the Board shall be held on the fourth Tuesday of every month at 7:30 p.m. in Public Session in the Board Room of the Jim McCuaig Education Centre, excluding July and August, when the Board shall meet at the call of the chair in consultation with the director.
- 1.2 The Board Advisory Committee meetings shall be held on the second Tuesday of every month at 7:30 p.m. in Public Session in the Board Room of the Jim McCuaig Education Centre, excluding July and August.
- 1.3 To avoid revisions to the Board Advisory Committee and Regular Board meeting schedule on a recurring basis throughout the year, the Board attempts to recommend all revisions at the outset of each new school year.

2. Situation

- 2.1 Section 6.3 of the 2022 Governing By-Laws requires that the Annual Meeting shall be held in non-election years on the first Tuesday in December at 6:00 p.m. in the Board Room of the Jim McCuaig Education Centre. The Annual Meeting will be held on Tuesday, December 5, 2023.
- 2.2 The date for the Board Advisory Committee meeting of December 12, 2023 will be cancelled due to the winter break.
- 2.3 The date for the Regular Board meeting in December will be held on December 19, 2023 due to the winter break.
- 2.4 The date for the Board Advisory Committee meeting of March 12, 2024 will be cancelled due to the spring break.

RECOMMENDATION

It is recommended that Lakehead District School Board approve the revised 2023-2024 Board Advisory Committee and Regular Board Meeting Schedule, as set out in Appendix A to Report No. 056-23.

Respectfully submitted,

ELLEN CHAMBERS
Chair



BOARD ADVISORY COMMITTEE & REGULAR BOARD

SEPTEMBER 2023

Calendar grid for September 2023 with highlighted dates: 6 (green), 12 (pink), 26 (blue)

JANUARY 2024

Calendar grid for January 2024 with highlighted dates: 9 (pink), 23 (blue)

MAY 2024

Calendar grid for May 2024 with highlighted dates: 14 (pink), 28 (blue)

OCTOBER 2023

Calendar grid for October 2023 with highlighted dates: 10 (pink), 24 (blue)

FEBRUARY 2024

Calendar grid for February 2024 with highlighted dates: 13 (pink), 27 (blue)

JUNE 2024

Calendar grid for June 2024 with highlighted dates: 11 (pink), 25 (blue), 28 (purple)

NOVEMBER 2023

Calendar grid for November 2023 with highlighted dates: 14 (pink), 28 (blue)

MARCH 2024

Calendar grid for March 2024 with highlighted dates: 26 (blue), 29 (grey)

DECEMBER 2023

Calendar grid for December 2023 with highlighted dates: 5 (yellow), 19 (blue)

APRIL 2024

Calendar grid for April 2024 with highlighted dates: 9 (pink), 23 (blue)

- Legend for calendar highlights: First Day of School for Students, Holidays & Breaks, Board Advisory Committee, Regular Board, Annual Meeting, Final Day of School for Students

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2023 MAY 09
Report No. 060-23

TO THE CHAIR AND MEMBERS OF
THE BOARD ADVISORY COMMITTEE – Public Session

RE: 2023 to 2031 POLICY REVIEW SCHEDULE

1. Background

- 1.1 Section 5.1 *Identification of Policies Requiring Development and/or Review of Policy 2010 Policy Development and Review* identifies that “Senior Administration prepares an annual plan of action that outlines the process for managing policies for development and for review.”
- 1.2 Section 5.4 states “The Standing Committee considers policies annually for development or review.”
- 1.3 Section 4.1 *Policy Review of Procedures 2010 Policy Development and Review* states “A specified review date will be established for all policies.”
- 1.4 Section 4.2 states “The Standing Committee shall annually review the status of current policies.”

2. Situation

- 2.1 Section 5.5 *Identification of Policies Requiring Development and/or Review of Policy 2010 Policy Development and Review* states “The Standing Committee will recommend all Policies to be reviewed or developed to the Board for approval.”
- 2.2 The 2023 to 2031 Policy Review Schedule (Appendix A) is attached for the Board Advisory’s consideration.

RECOMMENDATION:

It is recommended that Lakehead District School Board approve the 2023 to 2031 Policy Review Schedule, Appendix A to Report No. 060-23.

Respectfully submitted,

SHERRI-LYNNE PHARAND
Director of Education

ANNUAL POLICY DEVELOPMENT AND REVIEW PLAN			
September 2023 to June 2031			
Year	Policy #	Title	Superintendent
1 2023-2024	3072 NEW NEW	Advocacy Risk Management Accountability	S. Pharand
	6020 6021	Extended Field Trip Day Field Trip	M. Probizanski
	4040 7011	French Immersion Teacher Performance Appraisal	AJ Keene
	3026 3061 3091 7040 8020 9030	Budget Variance Reclamation of Properties Security Violence in the Workplace Access to Schools/Board Premises Playground Structures	K. Alaksa
2 2024-2025	3005 3020 8015	Ontario Student Record Legal Representation Display of Flags	S. Pharand
	6065 6070 7010	Prevalent Medical Conditions Video Surveillance Police Record Checks	M. Probizanski
	4005	English Language Learners	J. Lower
	7080 8014	Health & Safety Advertising in the Schools	K. Alaksa
3 2025-2026	2010 3001 8080	Policy Development and Review Governance School Council	S. Pharand
	4022 4023	Prior Learning Assessment & Recognition Prior Learning Assessment & Recognition for Mature Students	J. Lower
	4045 8011 8012 8050	Environmental Use of School Buildings, Facilities and Grounds Fundraising in the Schools Naming and Opening of New or Consolidated School	K. Alaksa
4 2026-2027	5010 6040	Special Education Reporting of Children in Need of Protection	M. Probizanski
	4030 4035	Territorial Student Program – Transportation & Services Board and Lodging – Payment	AJ Keene
	8010	Fees for Learning Materials and Activities	K. Alaksa
	3090	Use of Board Logo	S. Pharand
5 2027-2028	6050 6061 8073 8075	Food and Beverage Administration of Oral Medication Dress Code Service Animals in Schools	M. Probizanski
	4021	Assessment & Evaluation	AJ Keene
	3073 3074 6022	Corporate Credit Card Expense & Travel Reimbursement Kingfisher Outdoor Education	K. Alaksa

6 2028-2029	1020 4020	Equity & Inclusive Education Alternative Schools	J. Lower
	3100 6010 7021 7022 7030 8072	Accessibility Standards for Customer Service Emergency Evacuation and School Closure Teacher Hiring Conflict of Interest – Teacher Hiring Human Rights and Workplace Harassment Sexual Orientation & Gender Identity	M. Probizanski
	3080 8061	Research Aboriginal Education Advisory Committee	AJ Keene
	3030	Purchasing	K. Alaksa
	7 2029-2030	3002 3095	Annual Evaluation of the Director of Education Student Trustees
7020 8070 8071		Equitable Employment Safe Schools – System Expectations Bullying Prevention and Intervention	M. Probizanski
4010 8066 8090		Program Implementation Safe Arrival Community/Education Partnerships	AJ Keene
3040 3060 3071 3093 3096 7005		Transportation Leasing of Space Advertising Information Security Information/Communication Technology Use Code of Conduct	K. Alaksa
3094		Electronic Meetings	S. Pharand
8 2030-2031	7050 8074	Conflict of Interest Student Concussion Management	M. Probizanski
	1011 3092 7060 8062 8065 9020	Access to System Programs Privacy and Information Management Staff Training Voluntary Aboriginal Student Self-Identification Voluntary Aboriginal Staff Self-Identification Library Resource Centre	AJ Keene
	3070 9010 9015	Allowance for Use of Personal Vehicle Pupil Accommodation Facility Partnership	K. Alaksa

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2023 MAY 09
Report No. 059-23

TO THE CHAIR AND MEMBERS OF
THE BOARD ADVISORY COMMITTEE – Public Session

RE: POLICY REVIEW – 3092 PRIVACY AND INFORMATION MANAGEMENT

1. Background

- 1.1 At the June 14, 2022 Board Advisory Committee Meeting, the 3092 Privacy and Information Management Policy was scheduled for review during the 2022-2023 school year as part of the policy development and review cycle.
- 1.2 On March 8, 2023, the policy and procedures were posted on the Lakehead District School Board's (LDSB) website and distributed to constituent groups for review and comment with input to be received by April 19, 2023.

2. Situation

- 2.1 The policy is attached as Appendix A, procedures as Appendix B and the appendices as Appendix C.
- 2.2 Upon final approval, the policy will be distributed according to LDSB procedures.

RECOMMENDATION

It is recommended that Lakehead District School Board approve 3092 Privacy and Information Management Policy, Appendix A to Report No. 059-23.

Respectfully submitted,

AJ KEENE
Superintendent of Education

SHERRI-LYNNE PHARAND
Director of Education

<i>BUSINESS AND BOARD ADMINISTRATION</i>	3000
DRAFT – MAY 9, 2023	
PRIVACY AND INFORMATION MANAGEMENT POLICY	3092

1. Rationale

Lakehead District School Board (**LDSB**) only collects personal information when it is necessary for the education of students, for the employment of ~~Board~~ **LDSB** employees or as required and authorized by law. **Lakehead District School Board** operates under the authority of the Education Act and its associated regulations.

The management of personal information collected by ~~the Board~~ **LDSB** for these purposes is in accordance with the provisions of the Education Act, the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Personal Health Information Protection Act (PHIPA), **the Occupational Health and Safety Act (OHSA), and the Child, Youth and Family Services Act (CYFSA).**

2. Policy

It is the policy of ~~Lakehead District School Board~~ **LDSB** to collect, use, retain and disclose personal information in the course of meeting its statutory duties and responsibilities. **Lakehead District School Board** is committed to the protection of privacy.

3. Guidelines

The protection of personal information held by ~~the Board~~ **LDSB** is guided by the following principles:

3.1 Accountability and Responsibility

Under MFIPPA, ~~the Board~~ **LDSB** is responsible for the security of personal information under its custody and control and may designate individuals within ~~the Board~~ **LDSB** who are accountable for compliance with privacy legislation.

Under PHIPA, ~~the Board~~ **LDSB** is responsible for the security of personal health information under its custody and control and may designate individuals within ~~the Board~~ **LDSB** as agents to assist with compliance to privacy legislation.

3.2 Specified Purposes

Lakehead District School Board shall identify the purpose(s) for which personal information is collected, and individuals shall be notified of the purposes and any other information required by law at or before the time personal information is collected.

BUSINESS AND BOARD ADMINISTRATION	3000
DRAFT – MAY 9, 2023	
PRIVACY AND INFORMATION MANAGEMENT POLICY	3092

3.3 Consent

Personal information is collected for the provision of educational services to students and for the purpose of employment for staff and volunteers. The knowledge and, in some cases, the consent of an individual is required for the collection, use, retention, and disclosure of personal information, except where otherwise permitted by law.

3.4 Limiting Collection

Lakehead District School Board shall limit the collection of personal information to that which is necessary for its specified purposes in accordance with its statutory duties and responsibilities.

3.5 Limiting Use, Retention, and Disclosure

Lakehead District School Board shall not use, retain, or disclose personal information for purposes other than those for which it was collected, except with the consent of the individual or as authorized or required by law. **Lakehead District School Board** shall retain personal information in accordance with the **legislated requirements under the most appropriate Act and LDSB** retention schedule.

3.6 Accuracy

Lakehead District School Board shall ensure that personal information is accurate, complete, and up to date in order to fulfill the specified purposes for its collection, use, disclosure and retention.

3.7 Safeguards

Lakehead District School Board shall ensure that personal information is secured and protected from unauthorized access, use, disclosure, and inadvertent destruction by adhering to safeguards appropriate to the sensitivity of the information.

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PRIVACY AND INFORMATION MANAGEMENT POLICY	3092

4. Review

This policy shall be reviewed in accordance with 2010 Policy Development and Review Policy.

<u>Cross Reference</u>	<u>Date Approved</u> May 26, 2015 <u>Date Revised</u>	<u>Legal Reference</u>
		<i>Education Act</i>
		<i>Municipal Freedom of Information and Protection of Privacy Act</i>
		<i>Personal Health Information Protection Act</i>
		Occupational Health and Safety Act
		Child, Youth and Family Services Act

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PRIVACY AND INFORMATION MANAGEMENT PROCEDURES	3092

1. Policy

It is the policy of Lakehead District School Board (**LDSB**) to collect, use, retain and disclose personal information in the course of meeting its statutory duties and responsibilities. **Lakehead District School Board** is committed to the protection of privacy.

2. Definitions

2.1 General Information

General information refers to recorded information in the ~~Board's~~ **LDSB's** custody and/or control that is not of a personal nature and is not exempt from public access under **the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)** unless an access exemption under this or other legislation applies. Examples of general information that can be routinely released include: ~~Board~~ **LDSB** and Ministry policies, guidelines and memorandum, or information on school events and programs.

2.2 Personal Information

Personal information is any recorded information that renders an individual identifiable. Examples of personal information that need protection include: Ontario Student Records, psychological and other health related assessments, student discipline related information, staff banking information, vendor and supplier resumes. Note that most employment related and employee related information is excluded from the access provisions of MFIPPA.

2.3 Record

Any record of information, however recorded, whether printed, on film, by electronic or other means. Examples include: written correspondence, pictures/photographs, sound and video recordings.

3. Accessing General Records

In general, staff, students and the general public shall be granted access to general information by making a formal application under MFIPPA:

- all requests should be forwarded to the Freedom of Information (FOI) Officer; and
- if a formal request requires extensive research and/or photocopying, fees may be charged consistent with the fee schedule set out in MFIPPA and its regulations.

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4. Collecting and Accessing Personal Information

- 4.1 In accordance with MFIPPA, when personal information is collected on behalf of the Board, the Board shall inform the individual of:
- the legal authority for the collection;
 - the principal purpose(s) for which the information is to be used; and
 - the person to contact should additional information be required regarding the collection.
- 4.2 **Physical records of personal** Personal information shall be secured in locked cabinets or otherwise controlled within a restricted area. ~~Computer passwords should be used as appropriate and should be changed on a regular basis.~~ **Strong computer passwords or pass phrases containing letters, numbers and special characters should be used as appropriate. Where possible, multi-factor authentication should be used along with passwords to provide additional security.**
- 4.3 **Personal Information shall be stored by LDSB until such time as legislated under the appropriate Act, or in line with LDSB retention schedule. When required to dispose of personal information, LDSB shall do so in a manner that irreversibly destroys the media which stores personal information, so that it cannot be reconstructed or recovered in any way.**
- 4.34 Access to personal information shall be restricted to:
- the individual about whom the information relates;
 - **Lakehead District School** Board personnel who required access to specific information in the course of their work; and
 - other individuals, only in accordance with MFIPPA.
- 4.45 Students, and parents/guardians of students under the age of 16, shall be granted access to their child's personal information without filing a formal request under MFIPPA. Appropriate personnel must be present to supervise the review of the Ontario Student Record. See Appendix A – Access to/Use of/Disclosure of Student Information.
- 4.5.1 Parents/guardians of students between the ages of 16 and 18 shall be granted access to information contained in the Ontario Student Record.
- 4.5.2 Parents/guardians of students over the age of 18 shall not be granted access to any of the student's personal information without the written consent of the student.

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- 4.56 Employees shall be granted access to their personal information without filing a formal request under MFIPPA. Reviewing the documentation must be supervised by appropriate personnel and be conducted at a mutually agreeable time.
- 4.67 If an informal request for personal records requires extensive research and/or photocopying, fees may be charged consistent with the fee schedule set out in MFIPPA and its regulations.
- 4.78 A formal request for personal information made under MFIPPA must be directed to the FOI Officer. The Act dictates timelines and applicable fees for all requests.

5. Releasing Employee Information to Third Parties

- 5.1 Requests from financial institutions, credit agencies and other related businesses for information regarding an employee's position, salary and years of service are to be directed to the human resources department.
- 5.1.1 The human resources department will only confirm the accuracy of the requester's information and offer corrections, as required. The human resources department shall not provide additional information without prior written consent from the employee or as required by legislation.
- 5.2 The human resources department will process requests for information related to an employee's lost time from work, normal work schedule and related attendance history. This information may be provided to third parties on receipt of a written request that complies with legislation.
- 5.3 Requests for an employment reference will be forwarded to the appropriate supervisory officer/supervisor or specific named individual. A reference shall not be provided unless prior written consent has been provided by the employee.
- 5.4 Requests for other types of personal or confidential employee information will be released only on the written consent of the employee unless required by legislation. Requests will be forwarded to the appropriate supervisory officer/supervisor or specific named individual.

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6. Freedom of Information Breach

6.1 Privacy breaches occur when personal information is collected, used, disclosed, retained, or destroyed in a manner inconsistent with legislation and ~~Board~~**LDSB** policy. Potential privacy breaches can occur when personal information is lost, stolen or inadvertently disclosed due to human error. Some examples of privacy breaches include: lost/stolen flash drive containing student or staff information, unlocked shredding bins, or correspondence being mailed or emailed to the wrong person.

6.2 Responsibilities

6.2.1 Employees

All employees are responsible to be aware of the LDSB policy, and for protecting personal information of others that they may be privy to in the course of their employment. Employees must inform their supervisor/manager or principal when they become aware of a privacy breach or potential privacy breach, and fully participate in any resulting investigation. Employees must take immediate steps to contain the breach if possible/appropriate (i.e. change security passwords, obtain copies of documents that have been shared in error, etc.).

6.2.2 Principals/Managers

In addition to the responsibilities of all employees, principals and managers are responsible for advising the appropriate superintendent and the FOI officer of the breach, conducting breach investigations, and implementing the breach response protocol.

6.2.3 Senior Administration

Implements the breach response protocol with the FOI officer and principal or manager.

6.2.4 Freedom of Information Officer

Ensures the breach response protocol is followed and implemented appropriately.

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6.2.5 Third Party Service Providers

All third-party service providers (i.e. school photographers) are responsible to maintain the confidentiality of information provided to them by ~~Lakehead District School Board~~ **LDSB** in the exercise of their responsibilities, inform ~~Lakehead District School Board~~ **LDSB** if personal information in their possession has been compromised, contain the breach, document, and participate in investigation processes, and fully abide by all ~~Lakehead District School Board~~ **LDSB** policies and procedures related to privacy.

6.3 Breach Protocol

Privacy breaches must be considered priorities. The following steps will be taken by the FOI officer and often needs to occur simultaneously, or in quick succession.

6.3.1 Respond

Assess the situation to determine if a breach has occurred. Contact the appropriate staff members to ensure they are aware of the breach.

6.3.2 Contain

Determine cause of and identify the severity of the breach and take steps to contain/mitigate damages. For example: obtain hard copies of information that has been disclosed, ensure additional copies are not made, determine if the breach would allow access to any other information (i.e. electronic security breach), and take necessary steps as appropriate. Document the breach and containment steps taken.

6.3.3 Investigate

Document all details of the breach and breach investigation. Interview complainants, staff, etc. Evaluate steps taken to contain the breach for effectiveness and make recommendations for change to prevent further breaches of a similar nature. Use the privacy breach checklist. See Appendix B.

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6.3.4 Notify

Determine if it is appropriate to notify the impacted individuals (consider the following when determining notification requirements: risk of identity theft, risk of physical harm, risk of hurt, humiliation or damage to reputation, risk of loss of business or employment opportunities). Individuals should be informed of:

- the nature of the breach;
- steps being taken by ~~the Board~~ **LDSB** to contain and prevent future occurrences;
- contact information for the principal/manager;
- contact information for the information privacy commissioner’s office;
- steps individuals can take to protect themselves against future harm (i.e. if financial information is involved, advise individuals to contact their bank/credit card company, and to closely monitor their accounts for suspicious activity); and
- depending on the nature and severity of the breach, individuals may be informed verbally or in writing.

6.3.5 Implement Change

Review the situation and amend existing practices or create new practices, as appropriate, to ensure the prevention of future breaches. Ensure staff members are appropriately educated on privacy requirements and responsibilities. Test and evaluate new practices to ensure they will be successful.

7. Privacy Awareness

All employees are required to sign a confidentiality agreement. All employees are expected to participate in any privacy related training that may be offered by ~~the Board~~ **LDSB**.

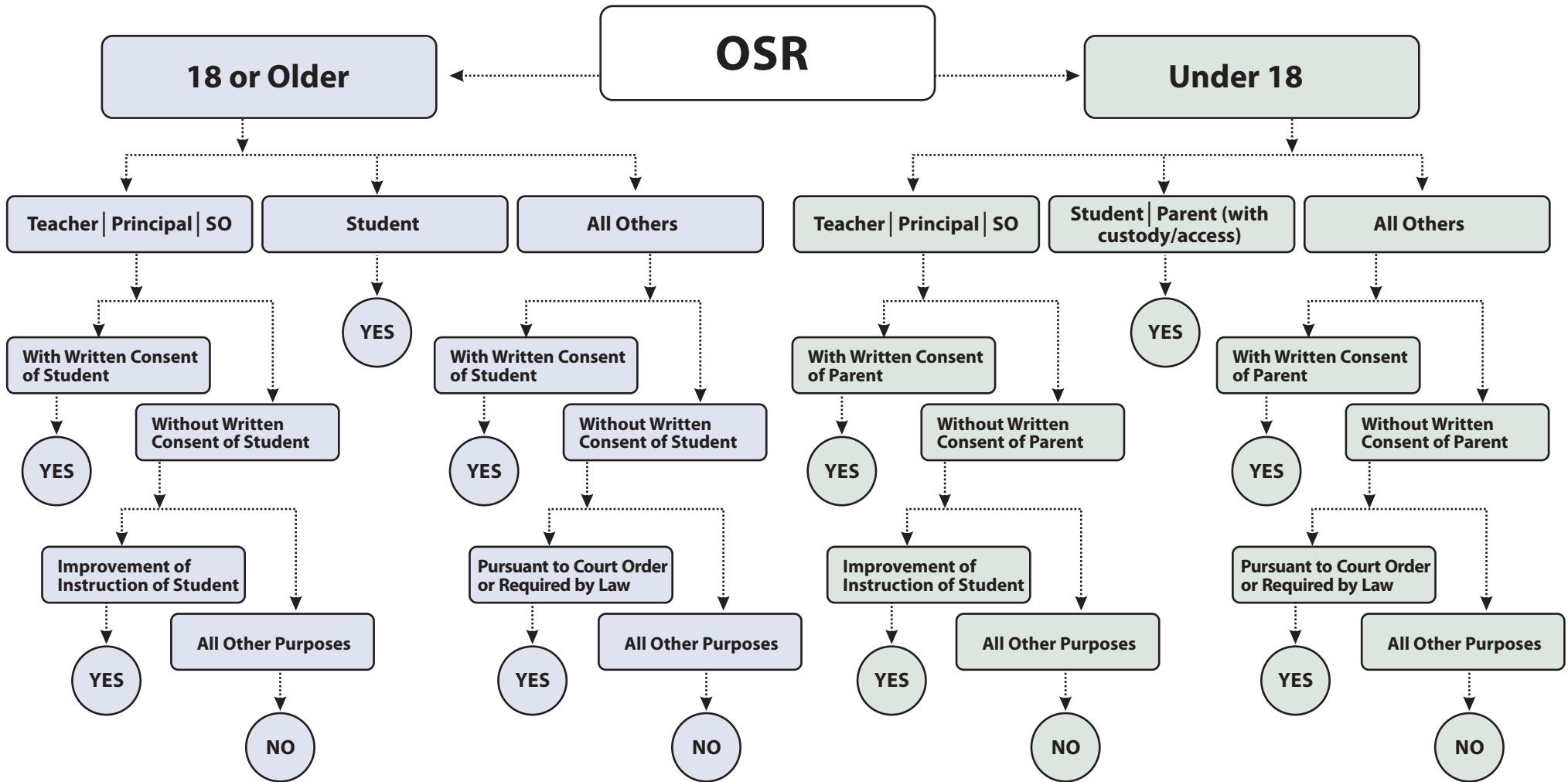
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8. Review

These procedures shall be reviewed in accordance with 2010 Policy Development and Review Policy.

<u>Cross Reference</u>	<u>Date Received</u>	<u>Legal Reference</u>
Privacy Information Task Force PIM Toolkit	May 26, 2015	<i>Education Act</i>
	<u>Date Revised</u>	<i>Municipal Freedom of Information and Protection of Privacy Act</i>
		<i>Personal Health Information Protection Act</i>
		Occupational Health and Safety Act
		Child, Youth and Family

ACCESS TO/USE OF/DISCLOSURE OF STUDENT INFORMATION



Breach Report # _____

Take immediate action when you have been advised of a suspected privacy breach. Many of the steps outlined below have to be carried out simultaneously or in quick succession. Steps 1 and 2 are completed based on the information received either directly from an employee, or orally through his/her immediate supervisor (e.g., phone call), or in written form (e.g., email).

STEP 1 – Respond, and STEP 2 – Contain

1. Person Reporting Suspected Breach:

First name: _____ Last name: _____

Job title: _____

Location (school/department): _____

Name of immediate supervisor: _____

Phone number: _____

2. When Incident Occurred: Date: _____ Time: _____
(mm/dd/yyyy) (indicate A.M. or P.M.)

3. Incident Details:

4. Number of individuals whose information was accessed without consent or authorization: ____

5. Type of personal information that was accessed without consent or authorization, e.g., health/medical information, student marks, biographical information (such as home address, phone numbers, names and contact information of family members), behaviour concerns, etc.

Whom the personal information belongs to and how many individuals were affected (e.g., student, employee, third party [someone who is neither a student nor employee of LDSB, such as a parent/guardian or volunteer]):

Who had unauthorized access to the personal information, and how that access was made:

Efforts made, if any, to contain the privacy breach (e.g., suspending the process/activity that caused the breach):

Date: _____ Time: _____
(mm/dd/yyyy) (indicate A. M. or P.M.)

STEP 3 – Investigate

Following a report of a suspected privacy breach, ensure that the activity/process has been contained if possible. Conduct an investigation of the information supplied in Steps 1 and 2 of this report in conjunction with current privacy legislation (MFIPPA, PHIPA, PIPEDA) and with local privacy policies and procedures to determine if the incident is, in fact, a breach. Note: You may wish to consult legal counsel to assist you in your investigation.

If a breach HAS NOT occurred:

Contact the person who reported the suspected breach and their immediate supervisor to advise them of your determination. No further action is required by the employee or supervisor.

STEP 4 – Notify

If a breach HAS occurred:

Notify the following individuals as appropriate:

- | | |
|--|---|
| <input type="checkbox"/> individuals whose privacy was breached | <input type="checkbox"/> accountable decision maker (director of education) |
| <input type="checkbox"/> senior administration/managers/principals | <input type="checkbox"/> legal counsel |
| <input type="checkbox"/> IPC* | <input type="checkbox"/> other |

*Note: The type and extent of the breach will influence your decision to notify the Information and Privacy Commissioner's Office, Toronto (1-800-387-0073) 2 Bloor Street East, Suite 1400 Toronto, Ontario, M4W 1A8

STEP 5 – Implement Change

Steps taken to correct the problem:

- develop, change, or enhance policies and procedures
- ensure strengthening of security and privacy controls
- advise IPC of investigation findings and corrective action

Provide additional notices (as deemed appropriate):

- relevant third parties
- consider public announcement (e.g., statement and/or apology)
- other Ontario school boards/authorities (where shared responsibilities exist)

Prevent future breaches:

- arrange employee training on privacy and security
- recommend appropriate and necessary security safeguards
- consider having an outside party review processes and make recommendations (e.g., auditing company)
- evaluate the effectiveness of remedial actions

The freedom of information (FOI) officer may wish to review school board/authority policies, procedures, practices, and training materials to ascertain whether any revisions are required to ensure a clearer understanding of what constitutes a privacy breach.

Sign – off

The director of education or designate (e.g., FOI officer) is required to sign below to formally acknowledge that the breach was handled in accordance with privacy legislation and with the school board's/authority's policies and procedures.

Print Name/Title

Signature

Sign-off Date: _____

(mm/dd/yyyy)

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2023 MAY 09
Report No. 049-23

TO THE CHAIR AND MEMBERS OF
THE BOARD ADVISORY COMMITTEE - Public Session

RE: POLICY REVIEW – 3094 ELECTRONIC MEETINGS

1. Background

1.1 The 3094 Electronic Meetings Policy was last revised on September 22, 2015.

1.2 At the May 24, 2022 Regular Board Meeting, 3094 Electronic Meetings Policy was approved for review during the 2022-2023 school year.

2. Situation

2.1 On February 8, 2023, the draft policy and procedures were posted on the Board's website and distributed to constituent groups for review and comment with input to be received by March 22, 2023. No input was received.

2.2 The revised policy is attached as Appendix A.

2.3 Upon final approval, the policy will be distributed according to Board procedures.

RECOMMENDATION

It is recommended that Lakehead District School Board approve 3094 Electronic Meetings Policy, Appendix A to Report No. 049-23.

Respectfully submitted,

SHERRI-LYNNE PHARAND
Director of Education

BUSINESS AND BOARD ADMINISTRATION**3000**

DRAFT – APRIL 11, 2023

ELECTRONIC MEETINGS POLICY**3094**1. Rationale

Ontario Regulation ~~268/06~~ **463/97** Section 2(1) requires:

Every ~~district school~~ board shall develop and implement a policy providing for the use of electronic means for the holding of meetings of a board and meetings of a committee of a board, including a committee of the whole board.

2. The Policy

It is the policy of Lakehead District School Board (LDSB) that trustees and student trustees who participate in a meeting through electronic means, in accordance with Ontario Regulation ~~268/06~~ **463/97** of **under** the Education Act, shall be deemed to be present at the meeting.

3. Guidelines

3.1 No later than 24 hours prior to a meeting, the secretary of the Board shall be notified of a trustee's or ~~S~~student trustee's requirements for electronic communication at the meeting. ***Lakehead District School Board may refuse to provide a member with electronic means of participation in a meeting of LDSB or a meeting of the committee of the whole Board, if required, in order to comply with section 3.6 of this policy.***

3.2 ***The electronic means shall permit the member or student trustee to hear and be heard by all other participants in the meeting.***

3.23 Trustees and ~~the~~ student trustees shall have copies of the meeting agenda and package while participating electronically.

3.34 Electronic connection to the meeting shall ensure clear communication.

3.45 Trustees and the student trustees participating in electronic meetings, ~~via secure means~~ in closed session, shall ensure confidentiality and this shall be noted by the secretary. Student trustees participating in electronic meetings, in closed session, shall not participate in any closed session under section 207(2) (b) of the Education Act.

3.56 The ~~Procedural By-Law~~ **Governing By-Laws** and the most current edition of Robert's Rules of Order shall apply to electronic meetings of LDSB.

3.67 The chair of the Board, or designate, one additional trustee, and the director of education, or designate, must physically be present in the meeting room of the Board at every meeting of the Board or a committee of the whole Board (including closed session) at which there is a quorum.

BUSINESS AND BOARD ADMINISTRATION**3000****DRAFT – APRIL 11, 2023****ELECTRONIC MEETINGS POLICY****3094**

3.78 At every committee meeting of a committee of the Board, except a committee of the whole Board, the chair of the committee, or designate, and the director of education, or designate, shall be physically present in the meeting at which there is a quorum.

3.9 *In spite of section 3.5 and 3.6 of this policy, in accordance with the regulation, the chair of the Board or a committee of the Board may participate in a meeting of the Board or a committee of the Board by electronic means if:*

- *the distance from the chair's or designate's current residence to the meeting location is 200 km or more;*
- *weather conditions do not allow the chair or designate to travel to the meeting location safely;*
- *the chair or designate cannot be physically present at a meeting due to health related issues; and*
- *the chair or designate must be physically present for at least half of the meetings of the board for any 12 month period beginning November 15.*

3.10 *Lakehead District School Board shall provide members of the public with electronic means for participating in meetings to the extent and manner outlined for public participation in the LDSB Governing By-Laws.*

4. Review

This policy shall be reviewed in accordance with 2010 Policy Development and Review Policy.

<u>Cross Reference</u>	<u>Date Approved</u>	<u>Legal Reference</u>
Lakehead District School Board 2022 Governing By-Laws	June 16, 1998	Education Act 228(1)e
	<u>Date Revised</u>	Education Act 208.1(1)b
	February 27, 2007 September 22, 2015	O. Reg. 463/97

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2023 MAY 09
Report No. 057-23

TO THE CHAIR AND MEMBERS OF
THE BOARD ADVISORY COMMITTEE – Public Session

RE: POLICY REVIEW – 8062 VOLUNTARY ABORIGINAL STUDENT
SELF-IDENTIFICATION

1. Background

- 1.1 The 8062 Voluntary Aboriginal Student Self-Identification Policy was last revised on June 25, 2013.
- 1.2 On March 8, 2023, the 8062 Voluntary Aboriginal Student Self-Identification Policy was posted on the Lakehead District School Board's website and distributed to constituent groups for review and comment with input to be received by April 19, 2023.

2. Situation

After receiving feedback and recommendations from community members, it has been determined that the policy needs to come before the Aboriginal Education Advisory Committee to review changes and seek further input.

RECOMMENDATION

It is recommended that Lakehead District School Board defer the review of 8062 Voluntary Aboriginal Student Self-Identification Policy, to the June 13, 2023 Board Advisory Committee meeting, in order to gather additional feedback.

Respectfully submitted,

ANIKA GUTHRIE
Principal of Indigenous Education

AJ KEENE
Superintendent of Education

SHERRI-LYNNE PHARAND
Director of Education

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2023 MAY 09
Report No. 058-23

TO THE CHAIR AND MEMBERS OF
THE BOARD ADVISORY COMMITTEE – Public Session

RE: POLICY REVIEW – 8065 VOLUNTARY ABORIGINAL STAFF SELF-IDENTIFICATION

1. Background

- 1.1 The 8065 Voluntary Aboriginal Staff Self-Identification was approved on June 25, 2013.
- 1.2 On March 8, 2023, the 8065 Voluntary Aboriginal Staff Self-Identification Policy and Procedures were posted on the Lakehead District School Board's website and distributed to constituent groups for review and comment with input to be received by April 19, 2023.

2. Situation

After receiving feedback and recommendations from community members, it has been determined that the policy needs to come before the Aboriginal Education Advisory Committee to review changes and seek further input.

RECOMMENDATION

It is recommended that Lakehead District School Board defer the review of the 8065 Voluntary Aboriginal Staff Self-Identification Policy, to the June 13, 2023 Board Advisory Committee meeting, in order to gather additional feedback.

Respectfully submitted,

ANIKA GUTHRIE
Principal of Indigenous Education

AJ KEENE
Superintendent of Education

SHERRI-LYNNE PHARAND
Director of Education

LAKEHEAD PUBLIC SCHOOLS
OFFICE OF THE DIRECTOR OF EDUCATION

2023 MAY 09
Report No. 055-23

TO THE CHAIR AND MEMBERS OF
THE BOARD ADVISORY COMMITTEE-Public Session

RE: POLICY REVIEW – 8074 STUDENT CONCUSSION MANAGEMENT

1. Background

- 1.1 It is the policy of Lakehead District School Board (LDSB) that policies will be developed/reviewed in accordance with 2010 Policy Development and Review Policy.
- 1.2 Policy 8074 Student Concussion Management Policy was last revised on February 25, 2020.
- 1.3 At the May 24, 2022, Regular Board Meeting, 8074 Student Concussion Management Policy was approved for review during the 2022-2023 school year as part of the policy development and review cycle.
- 1.4 On March 8, 2023, the draft policy and procedures were posted on the LDSB website and distributed to constituent groups for review and comment with input to be received by April 19, 2023.

2. Situation

- 2.1 The revised policy is attached as Appendix A, procedures as Appendix B and appendices as Appendix C.
- 2.2 Upon final approval, the policy, procedures and appendices will be distributed according to LDSB procedures.

RECOMMENDATION

It is recommended that Lakehead District School Board Approve 8074 Student Concussion Management Policy as amended, Appendix A to Report No. 055-23.

Respectfully submitted,

ANNE MARIE MCMAHON-DUPUIS
System Principal

MICHELLE PROBIZANSKI
Superintendent of Education

SHERRI-LYNNE PHARAND
Director of Education

SCHOOL-COMMUNITY RELATIONS**8000****DRAFT – MAY 9, 2023****STUDENT CONCUSSION MANAGEMENT
POLICY****8074**1. Rationale

- 1.1 Lakehead District School Board (LDSB) is committed to promoting awareness of safety in schools and recognizes that the health and safety of students are essential preconditions for effective learning and participation in physical activity.
- 1.2 All partners in education, including the Ministry of Education, other Ontario ministries, school boards, administrators, educators, school staff, students, parents, school volunteers and community-based organizations, have important roles to play in promoting student health and safety, and in fostering and maintaining healthy and safe environments in which students can learn.
- 1.3 Concussions can have a serious effect on a young, developing brain. Proper prevention, recognition and response to concussion in the school environment can prevent further injury and can help with recovery. A concussion can have a significant impact on a student: cognitively, physically, emotionally and socially.

2. Policy

It is the policy of LDSB to ensure the provision of minimized risk in elementary and secondary schools and to provide a safe environment that takes steps to reduce the risk of injury and promotes the overall well-being of students.

3. Guiding Principles

- 3.1 Children and adolescents are among those at greater risk for concussions due to body trauma at any time. Although falls and motor vehicle accidents are the leading causes of concussion, there is a heightened risk due to concussion during physical activity which includes physical education classes, playground time or sports activities.
- 3.2 To address this increased risk of concussions and to prevent and identify the signs and symptoms of concussion, LDSB is committed to increasing awareness for all students, staff, parents, volunteers and health care practitioners to support the proper prevention and management of concussions.
- 3.3 It is very important to students' long-term health and academic success that individuals in schools have information on appropriate strategies to minimize risk of concussion, steps to follow if they suspect that a student may have a concussion, and effective management procedures to guide students' return to learning and physical activity after a diagnosed concussion.

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POLICY****8074**

- 3.4 In accordance with Policy Program Memorandum (PPM) 158 (School Board Policies on Concussion), LDSB will develop and implement concussion management strategies. These strategies must include development of awareness, prevention, identification, training and management procedures for a diagnosed concussion.

4. Requirements

Lakehead District School Board requires:

- 4.1 Receipt of confirmation of annual review of approved Concussion Awareness Resources by individuals participating in LDSB-sponsored interschool sports.
- 4.2 The establishment of Concussion Codes of Conduct for individuals participating in LDSB-sponsored interschool sports, and the receipt of confirmation of annual review of the relevant code of conduct by those individuals.
- 4.3 Annual concussion training for relevant school staff.
- 4.4 The establishment of a process for the removal of students with a suspected concussion from physical activity and, for those diagnosed with a concussion, a Return to School Plan, which includes their return to learning and **return** to physical activity.
- 4.5 The establishment of a process to document and track a student's progress, from removal from an activity due to a suspected concussion, to the return, through graduated steps, to learning and to physical activity.

SCHOOL-COMMUNITY RELATIONS	8000
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STUDENT CONCUSSION MANAGEMENT POLICY	8074

5. Review

Concussion information and procedures for the components of prevention, identification and Return to School Plan are always evolving with new research and consensus guidelines. In order to keep users current with information and procedures, the Concussion Protocol will be reviewed and revised where necessary. An annual consult every September for the current Ontario Physical Activity Safety Standards in Education Concussion Protocol will occur.

This policy shall be reviewed in accordance with 2010 Policy Development and Review Policy.

<u>Cross Reference</u>	<u>Date Approved</u>	<u>Legal Reference</u>
5010 Special Education Policy and Procedures	January 27, 2015	
6065 Prevalent Medical Conditions Policy and Procedures		
	<u>Date Revised</u> February 25, 2020	Policy/Program Memorandum No. 158 Issue Date September 25, 2019 Rowan’s Law (Concussion Safety), 2018

SCHOOL-COMMUNITY RELATIONS**8000**

DRAFT – MAY 9, 2023

STUDENT CONCUSSION MANAGEMENT PROCEDURES**8074**1. Policy Statement

It is the policy of the Lakehead District School Board (LDSB) to ensure the provision of minimized risk in elementary and secondary schools and to provide a safe environment that takes steps to reduce the risk of injury and promotes the overall well-being of students.

2. Purpose

The purpose of these procedures are:

- 2.1 To educate students, parents/*guardians/caregivers* and staff about concussions, signs, symptoms and prevention.
- 2.2 To improve supports for students suffering from concussions and to lessen the occurrence of second impact syndrome.
- 2.3 To minimize long term health problems associated with untreated concussions (CTE: Chronic Traumatic Encephalopathy).
- 2.4 The development of awareness, prevention, identification, training, tracking and management procedures for a diagnosed concussion (including return to learn and return to play planning).

3. Definitions

- 3.1 Chronic Traumatic Encephalopathy (CTE) - a form of encephalopathy that is a progressive degenerative disease, which can currently only be definitively diagnosed postmortem, in individuals with a history of multiple concussions and other forms of head injury.

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**STUDENT CONCUSSION MANAGEMENT
PROCEDURES****8074**

- 3.2 Concussion - 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). It should also be noted that injuries that result from a concussion may lead to “second impact syndrome”, which is a rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before they are free from symptoms sustained from the first concussion:
- a concussion 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;
 - a concussion can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and
 - a concussion 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.
- 3.3 Encephalopathy - disorder or disease of the brain.
- 3.4 Return to Learn - a four-step process to support/accommodate students, as needed, when returning to the classroom after a concussion.
- 3.5 Return to Play - a six-step process to reintroduce students to activities and/or athletics after a concussion.
- 3.6 Second Impact Syndrome - a rare condition that causes rapid and severe brain swelling and often catastrophic results, if an individual suffers a second concussion before they are free from symptoms sustained from the first concussion.
- 3.7 Sign - outward, objective evidence of illness, injury, or disease. i.e., loss of consciousness.
- 3.8 Symptom - subjective and unseen symptoms can only be detected or sensed by the injured or ill party. i.e., headache.

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- 4.1 Research indicates that a concussion can have a significant impact on a student's cognitive and physical abilities and shows that activities that require concentration can cause a student's concussion symptoms to reappear or worsen.
- 4.2 It is important to develop strategies to assist students as they "return to school" (Appendix A-F) in the classroom, as it is to develop strategies to assist them as they "return to physical activity".
- 4.3 The most recent research now indicates that prolonged rest until all symptoms resolve is no longer recommended.
- 4.4 Without addressing identification and proper management, a concussion can result in permanent brain damage and, in rare occasions, even death.
- 4.5 Once an individual has had a concussion, they are at increased risk for another concussion. Research suggests that a student who suffers a second concussion before they are symptom free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome (a rare condition that causes rapid and severe brain swelling and often catastrophic results).
- 4.6 Children and adolescents are at the greatest risk for concussions and take longer to recover than adults. Traumatic brain injuries affect up to two percent of the population each year.
- 4.7 The risk of concussion is highest during activities with the potential for collisions:
- during physical education;
 - during outdoor play; and/or
 - during inter-school sports or intramurals.
- 4.8 Concussions can, however, occur any time a person's brain impacts with their skull, for example, when the head connects with a surface or object (i.e., desk, floor), with another student, or when the head moves rapidly back and forth.
- 4.9 Concussions are serious because of the impact damage (primary injury) but also due to the secondary injuries that can develop after the impact. These include hemorrhage, cerebral swelling, decreased circulation, increased fatigue, mental confusion and failed memory, among other symptoms. The brain may take days, weeks or months to be restored to normal activity.

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4.10 Due to the seriousness of a concussion, school administrators, educators (including occasional teachers), school staff, students, parents/guardians and identified school volunteers all have important roles to play in implementing LDSB's concussion protocols, that is prevention, identification, and ongoing monitoring and management of a student with a concussion.

4.11 Most concussions do not result in a loss of consciousness.

4.12 Proper recognition and response to a concussion can prevent further injury and help with recovery.

5. Concussion Awareness Strategies

5.1 To establish consistency of concussion awareness across the province, the government of Ontario has developed a set of Concussion Awareness Resources. These resources were developed by leading experts in injury prevention and are available on the government's concussion website (see references **Appendix G**). The use of these resources will ensure that the information students receive regarding concussions at school is consistent with the information they receive from sport organizations.

5.2 Confirmation (via use of the Safe School Training Program), from each of the following individuals, that an approved Concussion Awareness Resource was reviewed every school year prior to participation in LDSB-sponsored interschool sports will occur (an approved Concussion Awareness Resource is one made available on the Ontario government's concussion website. It may also refer to resources that have been approved by LDSB, that are consistent with the government's Concussion Awareness Resources):

- students participating in LDSB-sponsored interschool sports;
- parents of students under 18 years of age who are participating in LDSB-sponsored interschool sports;
- coaches participating in LDSB-sponsored interschool sports team (a coach includes any type of coach, including a head coach or assistant coach);
- trainers participating in LDSB-sponsored interschool sports (a team trainer is an individual who is assigned by a school board to respond to athlete injuries. Students who are acting as team trainers under the supervision of a coach or teacher are not included in this definition); **and**
- officials participating in LDSB-sponsored interschool sports (an official includes an umpire, a referee or a judge, but only if the official presides over the field of play. Students who are acting as officials under the supervision of a coach or teacher are not included in this definition).

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- 5.3 Concussion Awareness Resources will be made available – for example, through **social media**, letters or emails, in a student handbook, and/or on LDSB’s website – to students; parents; school and LDSB staff; volunteers; Indigenous communities, partners, and organizations; organizations that use school facilities such as community sport organizations and licensed child-care providers operating in the LDSB’s schools; as well as relevant community-based organizations, as appropriate.
- 5.4 Provisions for connecting student learning about concussions with the curriculum, will occur, where relevant. Also, to further support awareness among students, an annual concussion awareness event for students will be held on or around Rowan’s Law Day, which occurs on the last Wednesday in September.

6. Concussion Awareness Training

- 6.1 Annual concussion training for relevant school staff about the policy itself and the content of the approved Concussion Awareness Resources will occur. The training will occur by the last Wednesday in September, Rowan’s Law Day, every school year. New LDSB staff will complete training as part of the new hire orientation. Training is available through the Safe School Training Program that is mandatory for all relevant school staff.

7. Concussion Prevention Strategies

Anytime a student is involved in physical activity, there is a chance of sustaining a concussion. Therefore, it is important to encourage a culture of safety mindedness and take a preventative approach when students are physically active. Concussion prevention is important. Evidence indicates that education about concussion leads to a reduction in the incidence of concussion and improved outcomes from concussion strategies, as appropriate, will be implemented for preventing and minimizing the risk of sustaining concussions at school.

7.1 Concussion Codes of Conduct

- 7.1.1 Concussion Codes of Conduct (Appendix B) are established for several groups participating in LDSB-sponsored interschool sports – students and parents/**guardians/caregivers** of students under 18 years of age, as well as coaches and team trainers. A review of the Concussion Codes of Conduct will occur whenever the concussion policy is reviewed or updated, at a minimum.

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- 7.1.2 The Concussion Codes of Conduct include the following requirements, and depending on their roles and responsibilities, individuals involved in LDSB-sponsored interschool sports must commit to the relevant requirements below:
- maintaining a safe learning environment;
 - teaching and/or learning and applying the rules of a physical activity/sport;
 - implementing the skills and strategies for a physical activity in a proper progression;
 - fair play and respect for all;
 - acknowledging and respecting the consequences for prohibited play that is considered high-risk for causing concussions;
 - providing opportunities to discuss potential issues related to concussions recognizing and reporting concussions;
 - acknowledging the importance of communication between the student, parents, school staff and any sport organization with which the student is registered;
 - supporting the implementation of a Return to School Plan for students who have a concussion diagnosis; and
 - prioritizing a student's return to learning as part of the Return to School Plan.
- 7.1.3 Refer to Appendix B for Concussion Codes of Conduct templates, that are specific to the roles and responsibilities of the individuals involved in LDSB-sponsored interschool sports.
- 7.1.4 Every school year, confirmation will occur from each of the following individuals, that the relevant Concussion Code of Conduct was reviewed prior to participation in LDSB-sponsored interschool sports:
- students participating in LDSB-sponsored interschool sports;
 - parents/**guardians/caregivers** of students under 18 years of age who are participating in LDSB-sponsored interschool sports;
 - coaches participating in LDSB-sponsored interschool sports team; and
 - trainers participating in LDSB-sponsored interschool sports.
- 7.1.5 The Concussion Codes of Conduct will be made available – for example, through letters or emails, in a student handbook, and/or on LDSB's website – to students; parents/**guardians/caregivers**; school and LDSB staff; volunteers; Indigenous communities, partners and organizations; organizations that use school facilities such as community sport organizations and licensed childcare providers operating in the LDSB's schools; as well as relevant community-based organizations, as appropriate.

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7.2 Other Preventative Considerations

7.2.1 Education for coaches, staff, parents/*guardians/caregivers* and students to:

- recognize the signs and symptoms of concussions;
- remove injured students from activity;
- increase awareness of concussion prevention;
- teach proper sport techniques and encourage physical preparedness in proper progression;
- document safety lessons (date, time, brief content, and list of students in attendance) so that absent students can be taught safety skills prior to the next activity session;
- reduce impact that could lead to concussion;
- teach students that it is not smart or a “badge of honour” to continue playing with a head injury. Avoid telling injured players they are fine and discourage others from pressuring the student to continue play;
- teach that return to learn accommodations are equally important to concussion recovery; and
- refer to Appendix ~~C~~**F** for guidelines and information.

7.2.2 Ensuring the proper protective equipment is worn that is appropriate to the sport and that it:

- fits properly;
- is well maintained and visually inspected prior to use; and
- is worn consistently and correctly.

7.2.3 Students should follow, and teachers should enforce rules for safety, the rules of the sport and fair play practices.

7.3 Further strategies, as appropriate, will be identified and developed for preventing and minimizing the risk of sustaining concussions at school.

8. Identification of a Suspected Concussion

Refer to the ~~Concussion Signs and Symptoms (Appendix D)~~ and the Tool to Identify a Suspected Concussion (~~Appendix E-D~~) created by OPHEA **and adapted to include additional information that assists with tracking**. These forms should be readily available in print copy for all teachers, coaches and staff to access when there is a suspected concussion. **Note: Steps 8.1-10.3 are also found in a flow chart (Appendix C Part 1 and Part 2) for quick reference. The following provides a detail analysis of each part of the flow chart.**

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- 8.1 Stakeholders identified by LDSB/school (for example, school administrators, teachers, coaches, school first aiders) who have been 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 and to put the following process in place when there is a suspected concussion:
- immediately and safely remove a student who is suspected of having sustained a concussion from an activity, regardless of whether the concussion was sustained or is suspected to have been sustained at school or elsewhere;
 - ~~refer to Concussion Signs and Symptoms (Appendix D);~~
 - complete the Tool to Identify a Suspected Concussion (Appendix ~~E-D~~) on paper;
 - call emergency medical services if a student has any “red flag” signs and/or symptoms (Appendix D, ~~E~~);
 - inform the student and the student’s parents/**guardians/caregivers**, if the student is under 18 years of age, that removal from the activity was necessary due to a suspected concussion;
 - advise the student who is suspected of having sustained a concussion and the student’s parents/**guardians/caregivers**, if the student is under 18 years of age, that the student should undergo a medical assessment by a physician or nurse practitioner;
 - send the form, Tool to Identify a Suspected Concussion (Appendix ~~E-D~~), filled out by the staff member or coach, with the student and the student’s parents/**guardians/caregivers**, if the student is under 18, to the medical assessment;
 - **Appendix D will also provide** the student and the student’s parents/**guardians/caregivers**, if the student is under 18, ~~will be provided with Concussion Assessment and Diagnosis/Return to Physical Activity Form (Appendix F)~~ **with the Medical Concussion Assessment Form which is** to be completed by a medical practitioner and returned ~~the first page~~ to the school;
 - **provide the student and the student’s parents/guardians/caregivers, if the student is under 18, Appendix E, Home Concussion Management Form of the Return to School Plan as it may be needed if a confirmed diagnosis of a concussion; and**
 - refer the student and the student’s parents/**guardians/caregivers**, if the student is under 18, to the following website: <https://safety.ophea.net/concussions> which provides information about LDSB’s process for supporting a student with a suspected concussion, and the LDSB’s Return to School Plan (Appendix ~~A-F~~).

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In some instances, the stakeholder may not observe any signs, or have any symptoms reported, but because of the nature of the impact, will suspect a concussion. This suspected concussion/concussion event must be reported for 24-hour monitoring.

8.1.1 Please note:

- signs and/or symptoms can appear immediately after the injury or may take hours or days to emerge;
- signs and symptoms may be different for everyone;
- a student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted;
- it may be difficult for younger students (under the age of 10), students with special needs, or students for whom English/French is not their first language to communicate how they are feeling; and
- signs for younger students (under the age of 10) may not be as obvious as in older students.

8.2 For clarification, please note that:

- a student who is suspected of having sustained a concussion, or the student's parents/**guardians/caregivers**, if the student is under 18 years of age, should be encouraged to provide confirmation (**Appendix F–D Part 2 Medical Concussion Assessment Form**) that the student has undergone a medical assessment by a physician or nurse practitioner to support the student's return to learning (~~Appendix G~~); and
- **likewise**, a student who is suspected of having sustained a concussion, or the student's parents/**guardians/caregivers**, if the student is under 18 years of age, must provide confirmation that the student has undergone a medical assessment (**Appendix D Part 2 Medical Concussion Assessment Form**) by a physician or nurse practitioner and **has not been** diagnosed with a concussion, ~~along with confirmation that the student has been medically cleared,~~ before the student can return to full participation in physical activity (~~Appendix F~~).

8.3 Following the Initial Identification of a Suspected Concussion

The instructions and responsibilities identified within this section must be followed if other concussion sign(s) and/or other concussion symptom(s) are observed, reported, and/or the student does not answer all the Quick Memory Function Check (**Appendix E–D**) questions correctly.

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8.3.1 Teacher/Coach Response:

- do not allow the student to return to physical activity/practice/competition that day even if the student states that they are feeling better;
- do not leave the student alone until a parent/guardian/**caregiver** arrives;
- contact the student's parents/guardians/**caregivers** (or emergency contact) to inform them:
 - of the incident;
 - of the reported concussion sign(s) and symptom(s) and the results of the Quick Memory Function Check (consult the Tool to Identify a Suspected Concussion – Appendix ~~E~~-D);
 - that the student must be accompanied home by a responsible adult; and
 - that the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner.
- provide parents/**guardians/caregivers** with a Medical Concussion Assessment Form (Appendix ~~F~~ **D Part 2**);
- monitor and document any changes in the student;
- if any signs or symptoms worsen, call 911;
- consult LDSB's injury report form for documentation procedures;
- do not administer medication unless the student requires medication for other conditions (for example, insulin for a student with diabetes, inhaler for asthma); and
- the student must not operate a motor vehicle.

8.3.2 Information for Parents/**Guardians/Caregivers**:

- a tool to identify a suspected concussion (Appendix ~~E~~ D);
- the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner (~~consult the Concussion Assessment & Diagnosis Form Appendix F~~ **Medical Concussion Assessment Form (Appendix D Part 2)**);
- the student must be accompanied home by a responsible adult;
- the student must not be left alone; and
- parents/**guardians/caregivers** must communicate the results of the medical assessment (that is, the student has a diagnosed concussion, the student does not have a diagnosed concussion) to the school principal/designate prior to the student returning to school. ~~Consult the Concussion Assessment & Diagnosis Form (Appendix F~~ **Medical Concussion Assessment Form (Appendix D Part 2)**).

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8.3.3 Responsibilities of the School Principal/Designate:

- the school principal/designate must inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers (prior to communicating with volunteers, consult LDSB's protocol for sharing of student information) who work with the student that the student must not participate in any learning or physical activities until the parents/guardians communicates the results of the medical assessment to the school principal/designate (consult the Medical Concussion Assessment Form **Appendix D Part 2**).

8.4 A Possible Concussion Event is Recognized but No Sign(s) and/or Symptom(s) are Identified:

- please note that concussion sign(s) and/or symptom(s) can occur hours to days later;
- if a teacher/coach 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, the Teacher/Coach Response must be followed; and
- in addition, the steps in Responsibilities of the School Principal/Designate must be taken and the information identified in Information/Tools for Parents/Guardians must be communicated to parents/guardians.

9. Return to School Plan

After a suspected concussion has been identified (that is, sign(s) and/or symptom(s) are observed or reported), the student must be assessed by a medical doctor or nurse practitioner as soon as reasonably possible. The parents/**guardians/caregivers** must communicate to the school the results of the medical concussion assessment.

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*The first step in the Return to School Plan is the completion of the Home Concussion Management Plan Appendix E before the Return to School Plan can begin. Once the Home Concussion Management Plan Appendix E is complete, the Return to School Plan (Appendix A Appendix F) which is a Return to Learn (RTL) and Return to Physical Activity (RTPA) will be developed for the student who have been diagnosed with a concussion, regardless of whether the concussion was sustained at school or elsewhere. The Return to School Plan includes both the student's return to learning and their return to physical activity. If a concussion is diagnosed **For a student diagnosed with a concussion the:***

- principals and staff will engage student and the student's parents/**guardians/caregivers**, if the student is under 18, in a Return to School Plan for Return to Learning (Appendix ~~G~~ **F**) which contains a form to be filled in together and shared with all relevant staff. The return to learning process is unique to each student; and
- principals and staff will engage student and the student's parents, if the student is under 18, in a **Return to School Plan** for Return to Physical Activity Process (Six Step Approach - Appendix F) at an appropriate time as identified by a medical practitioner and the student or student's parent/**guardians/caregivers** if student is under 18. All six steps must be completed before the student with a concussion is able to return to full participation in physical activity. These forms must be provided to parents once a concussion is diagnosed **and they have completed the Home Concussion Management Form (Appendix E).**

9.1 The Return to School Plan will:

- establish a process outlining the graduated steps that a student is expected to follow in order to return to learning and to physical activity;
- require that the student and the student's parents/**guardians/caregivers**, if the student is under 18 years of age, be informed of the importance of sharing with the school any medical advice or recommendations received in relation to the student's concussion diagnosis and their return to learning and physical activity;
- require that the student and the student's parents/**guardians/caregivers**, if the student is under 18 years of age, be informed of the importance of disclosing the concussion diagnosis to any relevant organizations with which the student is involved or registered (e.g., sport organizations); and
- require that the student or the student's parents/**guardians/caregivers**, if the student is under 18 years of age, provide confirmation of medical clearance by a physician or nurse practitioner as a prerequisite for the student's return to full participation in physical activity.

9.2 When these requirements are met, schools can rely on the information received from a student or the student's parents, if the student is under 18 years of age, in carrying out LDSB's responsibilities as part of the Return to School Plan.

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- 9.3 When developing the Return to School Plan (Appendix-A **F**), those developing the plan should note that the return to learning process is designed to meet the particular needs of the student, so there is no preset plan of strategies and/or approaches to assist with the return to learning activities. The return-to-physical activity process follows an internationally recognized graduated approach.
- 9.4 If a student who is recovering from a concussion is experiencing long-term difficulties that begin to affect their learning, the school should follow established processes for identifying and documenting instructional approaches and resources that may be required for responding to the student’s ongoing learning needs (e.g., individualized classroom accommodations). ~~Please refer to Appendix G for a A~~ list of sample strategies to support students experiencing long-term difficulties that begin to affect their learning **can be found in Appendix F**.
- 9.5 The management of a student’s concussion is a shared responsibility, requiring regular communication between the home, school (Collaborative Team) and sport organizations with which a student is involved and registered, with consultation from the student’s medical doctor or nurse practitioner. Other licensed healthcare providers (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) may play a role in the management of a diagnosed concussion. Examples include nurses, physiotherapists, chiropractors and athletic therapists.

10. Concussion Tracking

- 10.1 In accordance with relevant privacy legislation, a student’s progress, from removal from an activity due to a suspected concussion, to the return, through graduated steps, to learning and to physical activity will be documented and tracked (note that diagnostic and/or clinical information meets the definition of personal health information under the Personal Health Information Protection Act, 2004).
- 10.2 The Ministry of Education and LDSB recognizes the sensitive nature of personal health information and reminds schools to collect, use, and disclose only the relevant diagnostic information needed to fulfil the requirements of this policy and to disclose it only to the parties identified in this policy.
- 10.3 The schools and/or LDSB must limit the collection, use, access, and disclosure of personal and health information to that which is reasonably necessary to carry out LDSB’s concussion identification procedures and Return to School Plan. Personal and health information collected by the school and/or LDSB must be retained, disclosed, and disposed of in accordance with LDSB’s personal information retention policy.

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11. Responsibilities

11.1 Principals or designates are responsible for:

11.1.1 Ensuring first aid is provided to a student experiencing a head injury.

11.1.2 Ensuring staff is aware of the signs and symptoms of concussions.

11.1.3 Enforcing the procedure that excludes concussed students from athletics, physical education, and learning until cleared by a physician.

11.1.4 Once the parents/*guardians/caregivers* have informed the school principal/designate of the results of the Medical Assessment, the school principal/designate must inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the results.

11.1.5 Ensuring an appropriate Return to School Plan (Appendix A-F) is developed and implemented to meet the student's academic needs by:

- appointing staff members to monitor and ensure adequate communication to meet student's needs (including the communication of information to the appropriate staff members);
- initiating the writing of an Individual Education Plan (IEP), if necessary, to support reasonable adjustments to student's schedules;
- consider the option of home instruction, in consultation with the superintendent;
- update medical information in ~~Trillium~~ **PowerSchool**;
- review student's transportation plan and develop an Individual Student Transportation Plan (ISTP), if necessary, to support learning, in consultation with the superintendent; and
- ensure all documentation is filed as per LDSB's 8074 Student Concussion Management Policy. **Completed Return to School Plan (Appendix F) placed in OSR for 3 years.**

11.1.6 Communicating with parents/*guardians/caregivers* and students about concussion awareness and their responsibilities regarding concussion management.

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- 11.2 Teachers, coaches and other LDSB staff are responsible for:
- following ~~Response to Suspected Concussion (see Appendix D and E)~~ **Appendix C -Identifying a Suspected Concussion-Steps and Responsibilities Flow Chart, Tools to Identify a Suspected Concussion -Appendix D and working in collaboration with the team to follow the Return to School Plan (Appendix F)**;
 - accommodating student learning needs; refer to IEP if one is developed;
 - observing student for changes, including worsening signs, and notifying parents and principal or designate of observed changes; and
 - interacting with the student’s parents/guardians to obtain and share information about progress and challenges, when possible.
- 11.3 Physicians and/or other health care professionals are responsible for:
- providing an individualized plan for returning to learning to assist in managing cognitive and physical exertion following a concussion; and
 - guiding the gradual removal of adjustments or supports that may have been instituted as part of the recovery process.
- 11.4 Parents are responsible for:
- informing the school administration of concussions sustained by students on and off of school property;
 - monitoring their child’s progress through return to play and return to learn processes;
 - interacting with school staff to obtain and share information about progress and challenges; and
 - providing initial diagnosis/accommodations and final physician clearance to school (**Appendix F**).
- 11.5 Students are responsible for:
- sharing information about their progress with respect to ongoing or worsening symptoms of concussion.

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12. Review

Concussion information and procedures for the components of prevention, identification and Return to School Plan are always evolving with new research and consensus guidelines. In order to keep users, current with information and procedures the Concussion Protocol will be reviewed and revised where necessary. An annual consult every September for the current Ontario Physical Activity Safety Standards in Education Concussion Protocol will occur.

These procedures shall be reviewed in accordance with 2010 Policy Development and Review Policy.

<u>Cross Reference</u>	<u>Date Approved</u>	<u>Legal Reference</u>
5010 Special Education Policy and Procedures	January 27, 2015	
6065 Prevalent Medical Conditions Policy and Procedures		
	<u>Date Revised</u> February 25, 2020	Policy/Program Memorandum No. 158 Issue Date September 25, 2019 Rowan’s Law (Concussion Safety), 2018



~~Concussion Return to School Plan~~

~~After a suspected concussion has been identified (that is, sign(s) and/or symptom(s) are observed or reported), the student must be assessed by a medical doctor or nurse practitioner as soon as reasonably possible. The parent/guardian must communicate to the school the results of the **medical concussion assessment**.~~

~~**If a concussion is not diagnosed** the student may resume full participation in learning and physical activity with no restrictions.~~

~~**If a concussion is diagnosed** by a medical doctor or nurse practitioner, the student follows a medically supervised, individualized, and gradual **Return to Learning Plan (RTL) and Return to Physical Activity Plan (RTPA)**. The RTL and RTPA plans are inter-related, however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages.~~

~~Knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in helping to prevent the student from returning to school or unrestricted physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student's long-term health and academic success.~~

~~The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school (collaborative team) and sport organizations with which a student is involved and registered, with consultation from the student's medical doctor or nurse practitioner. Other licensed healthcare providers (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) may play a role in the management of a diagnosed concussion. Examples include nurses, physiotherapists, chiropractors and athletic therapists.~~

~~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 home stages of the RTL and RTPA plans (Initial Rest to Stage 2 of RTL and Initial Rest to Stage 2b of RTPA) occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner or other licensed healthcare provider.~~

Rationale:

~~Initially the student requires cognitive and physical rest followed by stages of cognitive and physical activity which are best accommodated in the home environment. Consult the stages of Initial Rest to Stage 2 of the Return to Learning Plan and the stages of Initial Rest to Stage 2b of the Return to Physical Activity Plan.~~

Concussion Return to School Plan Responsibilities:

- ~~• Concussion Return to School Plan Responsibilities — School Principal/Designate;~~
- ~~• Concussion Return to School Plan Responsibilities — Parents/Guardians; and~~
- ~~• Concussion Return to School Plan Responsibilities — The Collaborative Team.~~

~~Reference: Ophea 2020 | Ontario Physical Activity Safety Standards in Education~~



Concussion Prevention Strategies

As with all aspects of student safety, boards and schools shall take a preventative approach, using education as an important tool to prevent and minimize risk of injury. Schools will utilize a range of strategies for minimizing the risk of sustaining concussions in schools and at off-site school events, promoting a culture of “safety-mindedness” for all. The following outlines the education, prevention and awareness that Lakehead Public School Board (LDSB), Athletic Associations affiliated with LDSB, teachers, coaches, volunteers, parents/guardians/caregivers and students will take each year.

School Boards and Athletic Associations

Prior to the beginning of the interschool sport season/school year, LDSB and athletic associations:

- *must* use the school board process to receive confirmation that officials participating in school board-sponsored interschool sports have reviewed an appropriate Concussion Awareness resource; and
- *should* consider rule changes to the sport to reduce the head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport.

Prior to the beginning of the school year; and/or intramural activity, parents/guardians/caregivers of student under 18 years of age must be informed of the:

- risks and possible mitigations of the activity/sport;
- dangers of participating with a concussion;
- signs and symptoms of a concussion;
- school board’s identification, diagnosis and management procedures;
- activity/sport-specific concussion prevention strategies;
- importance of encouraging the ethical values of fair play and respect for opponents; and
- importance of determining that, when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturer’s guidelines), properly worn, in good working order and suitable for personal use.

Concussion Prevention Strategies



Teachers, Coaches, and Supervisors

Prior to the beginning of the school year/semester; interschool sport season; and/or intramural activity, teachers, coaches and intramural supervisors should:

- be knowledgeable of LDSB's 8074 Student Concussion Management policy and procedures for prevention, identification, and Return to School Plan (Return to Learning and Return to Physical Activity);
- be knowledgeable about safe practices in the activity/sport (for example, the rules and regulations and the specific activity/sport pages in the Ontario Physical Activity Safety Standards in Education);
- be familiar with the risks of a concussion or other potential injuries associated with the activity/sport and how to minimize those risks;
- be up to date and enforce school board/athletic association/referee rule changes associated with minimizing the risks of concussion;
- be up to date with current body contact skills and techniques (for example, safe tackling in tackle football), when coaching/supervising contact activities/sports;
- be knowledgeable (when applicable) with the requirements for wearing helmets. (To date there is no evidence that helmets protect against concussions.) For more information on helmets consult Helmet Information;
- determine that protective equipment is approved by a recognized equipment standards association (for example, Canadian Safety Standards, National Operating Committee on Standards for Athletic Equipment), is well maintained, and is visually inspected prior to activity; and
- determine (where applicable) that protective equipment is inspected within approved timelines, by a certified re-conditioner as required by manufacturer (for example, football helmet).

During the physical activity unit; interschool sport season; and intramural activity teachers, coaches, and supervisors should:

- teach skills and techniques in the proper progression;
- provide activity/sport-specific concussion information when possible;
- teach and enforce the rules and regulations of the activity/sport during practices and games/competition (particularly those that limit or eliminate body contact, or equipment on body contact);
- reinforce the principles of head-injury prevention (for example, keeping the head up and avoiding collision);
- teach students/athletes involved in body contact activities/sports about:
 - activity/sport-specific rules and regulations of body contact (for example, no hits to the head); and
 - body contact skills and techniques and require the successful demonstration of these skills in practice prior to competition.
- discourage others from pressuring injured students/athletes to play/participate;
- demonstrate the ethical values of fair play and respect for opponents;
- encourage students/athletes to follow the rules of play, and to practice fair play;
- use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- inform students about the importance using protective equipment (for example, helmets, padding, guards) that is properly fitted (as per manufacturer's guidelines) and properly worn.



Prior to the interschool sports season, coaches must also (as required by Policy/Program Memorandum No. 158: School Board Policies on Concussion):

- be knowledgeable of the *Ontario Government's Concussion Awareness Resources E-Booklet* and/or school board approved concussion resources;
- follow school procedures to confirm their annual review of the resources;
- provide concussion awareness resources to parents/guardians of students under 18 years of age;
- provide concussion awareness resources to team trainers (where applicable) and officials;
- provide age appropriate concussion awareness resources for students;
- follow school procedures to confirm the review of these resources with all of the above individuals;
- be knowledgeable of the Interschool Concussion Code of Conduct for Coaches and follow LDSB's procedures to confirm its review every school year;
- provide students with the Interschool Concussion Code of Conduct for Students and follow the LDSB's procedures to confirm its review prior to participation in sport;
- follow school board procedures in providing parent/guardians of students under 18 years of age with the Interschool Concussion Code of Conduct for Parent/Guardians and confirmation of review; and
- follow school board procedures in providing team trainers (if applicable) the Concussion Code of Conduct for Interschool Sports for Coaches/Team Trainers and confirmation of its review.

Coaches/Supervisors MUST sign a copy of Appendix B Concussion Code of Conduct for Interschool Sports (Coaches/ Supervisors) which is kept on file for 1 year at the school.

Parents/Guardians/Caregivers

Prior to the interschool sports season parents/guardians/caregivers of students under 18 years of age must (as required by Policy/Program Memorandum No. 158: School Board Policies on Concussion):

- be knowledgeable of the contents of the appropriate **concussion awareness resource** provided by the school and to follow instructions to confirm review; and
- read the contents of the Parent/Guardian/**Caregiver** Concussion Code of Conduct provided by the school and to follow instructions to confirm review.

Parents/Guardians/Caregivers MUST sign a copy of Appendix B Concussion Code of Conduct for Interschool Sports (Parent/Guardian) which is kept on file for 1 year at the school.

Concussion Prevention Strategies



Students/Athletes

Prior to the beginning of the school year/semester; interschool sport season; and/or intramural activity, students should be informed about:

- **Concussions:**
 - definition;
 - seriousness of concussions;
 - causes;
 - signs and symptoms; and
 - the LDSB's Identification procedures and Return to School Plan.
- the risks of a concussion associated with the activity/sport and how to minimize those risks including activity/sport-specific prevention strategies;
- the importance of respecting the rules of the game and practicing Fair Play (for example, to follow the rules and ethics of play, to practice good sportsmanship at all times and to respect their opponents and officials);
- the dangers of participating in an activity/sport while experiencing the signs and symptoms of a concussion and potential long-term consequences;
- the importance of:
 - immediately informing the teacher/coach/supervisor of any signs or symptoms of a concussion, and removing themselves from the activity/sport;
 - encouraging a teammate with signs or symptoms to remove themselves from the activity/sport and to inform the teacher/coach/supervisor;
 - informing the teacher/coach/supervisor when a classmate/teammate has signs or symptoms of a concussion; and
 - determining that, when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order and suitable for personal use.
- the use of helmet when they are required for an activity/sport:
 - helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries (including bleeding into or around the brain), brain contusions and lacerations; and
 - helmets must be properly fitted (as per manufacturer's guidelines) and properly worn.

During the physical activity unit, interschool sport season, and intramural activity, students should be informed about:

- attending safety clinics/information sessions on concussions for the activity/sport;
- be familiar with the seriousness of concussion and the signs and symptoms of concussion;
- demonstrating safe contact skills during controlled practice sessions prior to competition;
- demonstrating respect for the mutual safety of fellow athletes (for example, no hits to the head, follow the rules and regulations of the activity/sport);
- wearing properly fitted protective equipment;
- immediately reporting any sign or symptom of a concussion after a hit, fall or collision to the teacher/coach/supervisor; and
- encouraging teammates/fellow students to report sign(s) or symptom(s) of a concussion and to refrain from pressuring injured students/athletes to play.



Sample strategies/tools to educate students about concussion prevention information:

- hold a pre-season/-activity group/team meeting on concussion education;
- develop and distribute an information checklist for students/athletes about prevention strategies;
- post-concussion information to inform/reinforce symptoms and signs and what to do if a concussion is suspected;
- post information posters on prevention of concussions (for example, encouraging students to report concussion symptoms) in high traffic student areas (for example, change room/locker area/classroom/gymnasium);
- implement concussion classroom learning modules aligned with the curriculum expectations;
- distribute concussion fact sheets (prevention, signs and symptoms) for each student/athlete on school teams; and
- **use resources found in Appendix H for updated information and activities.**

Prior to the interschool sports season students must be (as required by Policy/Program Memorandum No. 158: School Board Policies on Concussion):

- familiar with age appropriate **concussion awareness resources** and complete a process that confirms they have reviewed the information; and
- familiar with contents of their Concussion Code of Conduct and complete the process that confirms they have reviewed and will follow the criteria listed.

Students who are absent for safety lessons (for example, information, skills, techniques) must be provided with the information and training prior to the next activity sessions.

Students MUST sign a copy of [Appendix B Concussion Code of Conduct for Interschool Sports \(Students\)](#) which is kept on file for 1 year at the school.

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23

Appendix B to 8074 Student Concussion Management Procedures



~~Concussion Codes of Conduct~~

~~Concussion Code of Conducts are established for the following participants in Lakehead District School Board sponsored interschool sports:~~

- ~~• coaches and team trainers;~~
- ~~• students; and~~
- ~~• parents of students under 18 years of age.~~

~~Every school year, Lakehead District School Board must receive confirmation from each participant that the relevant Concussion Code of Conduct was reviewed prior to participation in Lakehead District School Board sponsored interschool sports.~~

~~Concussion Code of Conduct~~

~~➤ for Interschool Sports (Coach/Team Trainer)~~

~~This Concussion Code of Conduct is for coaches/team trainers who are participating in Lakehead District School Board sponsored interschool sports. This document is used in the establishment of the Concussion Code of Conduct that meets the requirements of PPM 158: School Board Policies on Concussion, and in receiving confirmation of review of an approved Concussion Awareness Resource.~~

~~As a coach/team trainer at [School] for the [20xx-20xx] school year, I am committed to:~~

Maintaining a Safe Learning Environment

- ~~▢ I will review and adhere to the Lakehead District School Board's safety standards for physical activity and concussion protocol, as they apply to my sport prior to taking on the responsibility as coach/team trainer.~~
- ~~▢ I will check the facilities and equipment take necessary precautions and bring potential hazards to the attention of the students.~~
- ~~▢ I will provide and maintain a safe learning environment for my students and uphold a culture of safety-mindedness.~~
- ~~▢ I will inform students and their parent/guardian (for students under the age of 18) about the risks of a concussion or other potential injuries associated with the sport and ways to minimize those risks.~~

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23

Appendix B to 8074 Student Concussion Management Procedures



Fair Play and Respect for All

- ~~▫ I will demonstrate a commitment to fair play and will respect my students, opponents, officials and spectators.~~
- ~~▫ I will not pressure a student to participate in practices or games/competitions if they are injured.~~

Teaching/Learning the Rules of a Physical Activity

~~(including the strict enforcement of consequences for prohibited play that is considered high risk for causing concussions)~~

- ~~● I will teach students the rules of the sport and will provide instructions about prohibited play.~~
- ~~● I will strictly enforce, during practice and competition, the consequences for prohibited play.~~
- ~~● I will accept and respect the decisions of officials and the consequences for any prohibited play.~~

Implementing the Skills and Strategies of an Activity in a Proper Progression

- ~~● I will instruct students in training and practices using the proper progression of skills and strategies of the sport.~~
- ~~● I will encourage students to ask questions and seek clarity regarding skills and strategies they of which they are unsure.~~

Providing Opportunities to Discuss Potential Issues Related to Concussions

- ~~● I will provide opportunities by creating an environment for student discussions/conversations related to suspected and diagnosed concussions, including signs and symptoms, questions, and safety concerns, throughout the day, including before and after practice and competition.~~

Concussion Recognition and Reporting

- ~~● I have read and am familiar with an approved Concussion Awareness Resource identified by the Lakehead District School Board [coach/trainer to enter resource link: _____].~~
- ~~● I will emphasize the seriousness of a concussion to my students along with outlining the signs and symptoms of a concussion.~~
- ~~● I will provide instruction to students about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.~~
- ~~● I will provide instruction to students about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.~~

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23

Appendix B to 8074 Student Concussion Management Procedures



- ~~• I will immediately remove from play, for assessment, any student who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the Lakehead District School Board's concussion protocol prior to allowing return to physical activity.~~

Acknowledging the Importance of Communication

~~(between the student, parent, school staff, and any sport organization with which the student has registered)~~

- ~~• I will support and adhere to a process for communication to take place between myself and the student, parent/guardian, and relevant school staff.~~
- ~~• I will promote the importance of communication about a suspected or diagnosed concussion between the student, parent/guardian, and all sport organizations with which the student has registered.~~

Supporting the Implementation of a Return to School Plan for Students with a Concussion Diagnosis

- ~~• I will support the implementation of the Return to School Plan for students with a diagnosed concussion.~~

Prioritizing a Student's Return to Learning as Part of the Return to School Plan

- ~~• I understand the need to prioritize a student's return to learning as part of the Return to School Plan.~~
- ~~• I will follow the Return to School Plan and make sure a student diagnosed with a concussion does not return to training, practice, or competition until permitted to do so in accordance with the Return to School Plan.~~

~~I [Print Name] have read and understand all [# pages] pages of this code of conduct.~~

Date

Signature



Concussion Code of Conduct for Interschool Sports (Coach/Supervisor) (Page 1 of 2)

As a coach/team trainer at _____ School for the 20__ - 20__ school year, I am committed to:

Maintaining a safe learning environment

- I will review and adhere to the School Board's safety standards for physical activity and concussion protocol, as they apply to my sport prior to taking on the responsibility as coach/team trainer
- I will check the facilities and equipment take necessary precautions and bring potential hazards to the attention of the students.
- I will provide and maintain a safe learning environment for my students and uphold a culture of safety-mindedness.
- I will inform students and their parent/guardian/caregiver (for students under the age of 18) about the risks of a concussion or other potential injuries associated with the sport and ways to minimize those risks.

Fair play and respect for all

- I will demonstrate a commitment to fair play and will respect my students, opponents, officials, and spectators.
- I will not pressure a student to participate in practices or games/competitions if they are injured.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will teach students the rules of the sport and will provide instructions about prohibited play.
- I will strictly enforce, during practice and competition, the consequences for prohibited play.
- I will accept and respect the decisions of officials and the consequences for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression

- I will instruct students in training and practices using the proper progression of skills and strategies of the sport.
- I will encourage students to ask questions and seek clarity regarding skills and strategies they of which they are unsure.

Providing opportunities to discuss potential issues related to concussions

- I will provide opportunities by creating an environment for student discussions/conversations related to suspected and diagnosed concussions, including signs and symptoms, questions, and safety concerns, throughout the day, including before and after practice and competition.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board found on the board's Safe Schools Online Training tool and additional information that may be provided each year. I have completed the **LPS Concussion online Training Module**.
- I will emphasize the seriousness of a concussion to my students along with outlining the signs and symptoms of a concussion.
- I will provide instruction to students about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.
- I will provide instruction to students about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.

*Please note that Appendix B has been crossed out and new wording will be found after each section

Appendix C to Report No. 055-23

Appendix B to 8074 Student Concussion Management Procedures



Concussion Code of Conduct for Interschool Sports (Coach/Supervisor)

(Page 2 of 2)

- I will immediately remove from play, for assessment, any student who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the School Board's concussion protocol prior to allowing return to physical activity.

Acknowledging the importance of communication between the student, parent/guardian/caregiver, school staff, and any sport organization with which the student has registered

- I will support and adhere to a process for communication to take place between myself and the student, parent/guardian/caregiver, and relevant school staff.
- I will promote the importance of communication about a suspected or diagnosed concussion between the student, parent/guardian/caregiver and all sport organizations with which the student has registered.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- I will support the implementation of the Return to School Plan for students with a diagnosed concussion.

Prioritizing a student's return to learning as part of the Return to School Plan

- I understand the need to prioritize a student's return to learning as part of the Return to School Plan.
- I will follow the Return to School Plan and make sure a student diagnosed with a concussion does not return to training, practice, or competition until permitted to do so in accordance with the Return to School Plan.

I, _____, (print name) have read and understand this code of conduct.

Signature: _____ Date: _____

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23

Appendix B to 8074 Student Concussion Management Procedures



~~Concussion Code of Conduct~~

~~➤ for Interschool Sports (Students)~~

~~This is a Concussion Code of Conduct for students who are participating in Lakehead District School Board sponsored interschool sports. This document is used in the establishment of the Concussion Code of Conduct that meets the requirements of PPM 158: School Board Policies on Concussion, and in receiving confirmation of review of an approved Concussion Awareness Resource.~~

~~As a student at [School] for the [20xx-20xx] school year, I am committed to:~~

~~Maintaining a Safe Learning Environment~~

- ~~• I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.~~
- ~~• I will wear the protective equipment for my sport and wear it properly.~~

~~Fair Play and Respect for All~~

- ~~• I will show respect for my teammates, opponents, officials, spectators, and practice fair play.~~
- ~~• I will not pressure injured teammates to participate in practices or games/competitions.~~

~~Teaching/Learning the Rules of a Physical Activity~~

~~(including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions)~~

- ~~• I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions.~~
- ~~• I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.~~
- ~~• I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.~~

~~Implementing the Skills and Strategies of an Activity in a Proper Progression~~

- ~~• I will follow my coach's instructions about the proper progression of skills and strategies of the sport.~~
- ~~• I will ask questions and seek clarity for any skills and strategies of which I am unsure.~~

~~Providing Opportunities to Discuss Potential Issues Related to Concussions~~

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23

Appendix B to 8074 Student Concussion Management Procedures



- ~~• I will talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.~~

Concussion Recognition and Reporting

- ~~• I have read and am familiar with an approved Concussion Awareness Resources provided by my coach [student to enter link to awareness resources _____].~~
- ~~• I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.~~
- ~~• I will tell the coach or caring adult immediately when I think a teammate might have a concussion.~~
- ~~• I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport, and:
 - ~~• I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day and will report the results to appropriate school staff; and~~
 - ~~• I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be monitored for the next 24 hours.~~~~
- ~~• If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.~~
- ~~• If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.~~

Acknowledging the Importance of Communication

~~(between the student, parent, school staff, and any sport organization with which the student has registered)~~

- ~~• I will communicate with my coaches, parent/guardian, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.~~

Supporting the Implementation of a Return to School Plan for Students with a Concussion

Diagnosis

- ~~• I understand that I will have to follow the Return to School Plan if diagnosed with a concussion.~~
- ~~• I understand I will not be able to return to full participation, including practice or competition until permitted to do so in accordance with the Lakehead District School Board's Return to School Plan.~~

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23

Appendix B to 8074 Student Concussion Management Procedures



- ~~I understand that I will need a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in “non-contact sports” or returning to a practice that includes full contact in “contact sports”.~~

Prioritizing a Student’s Return to Learning as Part of the Return to School Plan

- ~~I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to School Plan.~~

~~I [Print Name] have read and understand all [# pages] pages of this code of conduct.~~

Date

Sig



Concussion Code of Conduct for Interschool Sports (Students)

(Page 1 of 2)

As a student at _____ School for the 20__ - 20__ school year, I am committed to:

Maintaining a safe learning environment

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- I will wear the protective equipment for my sport and wear it properly.

Fair play and respect for all

- I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- I will not pressure injured teammates to participate in practices or games/competitions.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions.
- I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.
- I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.

Implementing the skills and strategies of an activity in a proper progression

- I will follow my coach's instructions about the proper progression of skills and strategies of the sport
- I will ask questions and seek clarity for any skills and strategies of which I am unsure.

Providing opportunities to discuss potential issues related to concussions

- I will talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resources provided by my coach
- I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- I will tell the coach or caring adult immediately when I think a teammate might have a concussion.
- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport, and:

- I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be examined as soon as possible that day and will reported the results to appropriate school staff.

- I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be Monitored for the next 24 hours.

- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23

Appendix B to 8074 Student Concussion Management Procedures



Concussion Code of Conduct for Interschool Sports (Students)

(Page 2 of 2)

- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.

Acknowledging the importance of communication between the student, parent/guardian/caregiver, school staff, and any sport organization with which the student has registered

- I will communicate with my coaches, parent/guardian/caregiver, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- I understand that I will have to follow the Return to School Plan if diagnosed with a concussion.
- I understand I will not be able to return to full participation, including practice or competition until permitted to do so in accordance with the School Board's Return to School Plan.
- I understand that I will need a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

Prioritizing a student's return to learning as part of the Return to School Plan

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to School Plan.

I, _____, (print name) have read and understand this code of conduct.

Signature: _____ Date: _____



~~Concussion Code of Conduct~~

~~➤ for Interschool Sports (Parent/Guardian)~~

~~This is a Concussion Code of Conduct for parents/guardians of students under 18 years of age who are participating in Lakehead District School Board sponsored interschool sports. This document is used in the establishment of the Concussion Code of Conduct that meets the requirements of PPM 158: School Board Policies on Concussion, and in receiving confirmation of review of an approved Concussion Awareness Resource.~~

As a parent/guardian of [Student Name] at [School] for the [20xx-20xx] school year, I am committed to:

~~Maintaining a Safe Learning Environment~~

- ~~• I will encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.~~
- ~~• I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.~~

~~Fair Play and Respect for All~~

- ~~• I will follow the Lakehead District School Board's fair play policy and will support it by demonstrating respect for all students, coaches, officials, and spectators.~~
- ~~• I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.~~
- ~~• I will not pressure my child to participate in practices or games/competitions if they are injured.~~

~~Teaching/Learning the Rules of a Physical Activity~~

~~(including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions)~~

- ~~• I will encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play.~~
- ~~• I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.~~
- ~~• I will respect the decisions of officials and the consequences for my child for any prohibited play.~~



~~Implementing the Skills and Strategies of an Activity in a Proper Progression~~

- ~~• I will encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.~~
- ~~• I will encourage my child to ask questions and seek clarity regarding skills and strategies they of which they are unsure.~~

~~Providing Opportunities to Discuss Potential Issues Related to Concussions~~

- ~~• I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.~~
- ~~• I will encourage my child to talk to their coach/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.~~

~~Concussion Recognition and Reporting~~

- ~~• I have read and am familiar with an approved Concussion Awareness Resource identified by the Lakehead District School Board [parent/guardian to fill in link to awareness resource _____].~~
- ~~• I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach my child will be removed immediately from the sport, and:
 - ~~• I am aware that if my child has signs or symptoms of a suspected concussion, they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff; and~~
 - ~~• I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.~~~~
- ~~• If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.~~
- ~~• If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and will report the results to appropriate school staff.~~
- ~~• I will inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.~~
- ~~• I will inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.~~

*Please note that Appendix B has been crossed out and new wording will be found after each section

Appendix C to Report No. 055-23

Appendix B to 8074 Student Concussion Management Procedures



- I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

Acknowledging the Importance of Communication

(between the student, parent, school staff, and any sport organization with which the student has registered)

- I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.

Supporting the Implementation of a Return to School Plan for Students with a Concussion

Diagnosis

- I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the Lakehead District School Board's Return to School Plan.
- I will ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

Prioritizing a Student's Return to Learning as Part of the Return to School Plan

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

I [Print Name] have read and understand all [# pages] pages of this code of conduct.

Date

Signature

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23
Appendix B to 8074 Student Concussion Management Procedures



~~Reference: Ophea 2020 | Ontario Physical Activity Safety Standards in Education~~

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23
Appendix B to 8074 Student Concussion Management Procedures



Concussion Code of Conduct for Interschool Sports (Parent/Guardian/ Caregiver)
(Page 1 of 2)

As a parent/guardian/caregiver of _____ (student name(s) at _____
School for the 20__ - 20__ school year, I am committed to:

Maintaining a safe learning environment

- I will encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

Fair play and respect for all

- I will follow the school board's fair play policy and will support it by demonstrating respect for all students, coaches, officials, and spectators.
- I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- I will not pressure my child to participate in practices or games/competitions if they are injured.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play.
- I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.
- I will respect the decisions of officials and the consequences for my child for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression

- I will encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
- I will encourage my child to ask questions and seek clarity regarding skills and strategies they of which they are unsure.

Providing opportunities to discuss potential issues related to concussions

- I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- I will encourage my child to talk to their coach/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board found on the board's website.
 - I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach my child will be removed immediately from the sport, and:

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23
Appendix B to 8074 Student Concussion Management Procedures



Concussion Code of Conduct for Interschool Sports (Parent/Guardian/ Caregiver)

(Page 2 of 2)

- *I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff.*
- *I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.*

- If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.
- If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and will report the results to appropriate school staff.
- I will inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- I will inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
- I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

Acknowledging the importance of communication between the student, parent/guardian/caregiver, school staff, and any sport organization with which the student has registered

- I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
- I will ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

Prioritizing a student's return to learning as part of the Return to School Plan

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

***Please note that Appendix B has been crossed out and new wording will be found after each section**

Appendix C to Report No. 055-23
Appendix B to 8074 Student Concussion Management Procedures

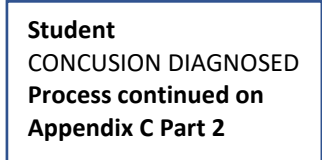
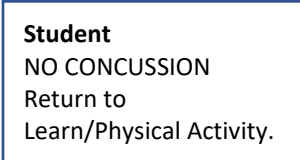
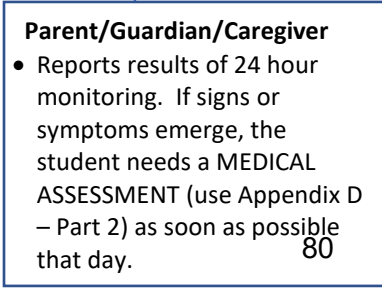
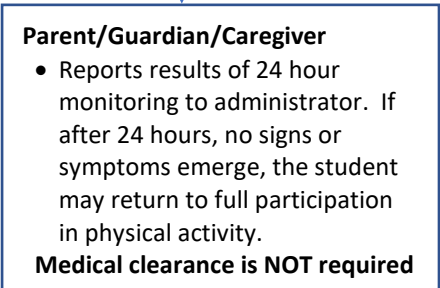
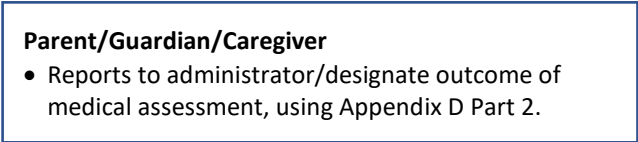
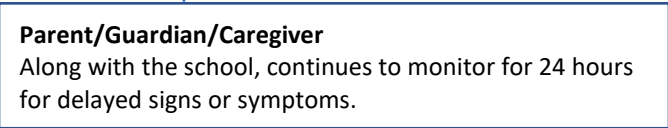
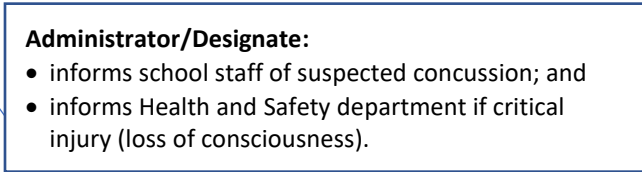
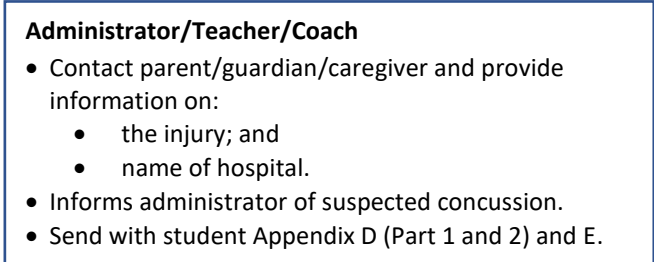
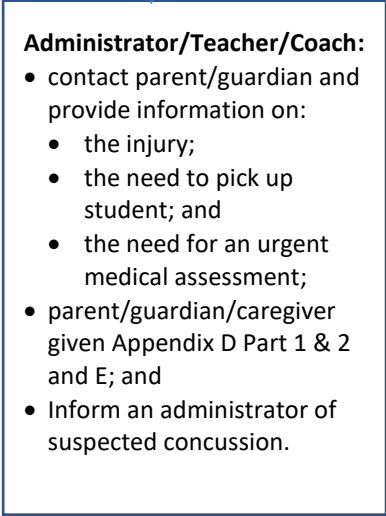
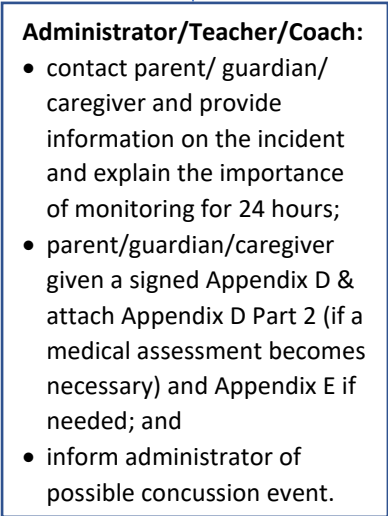
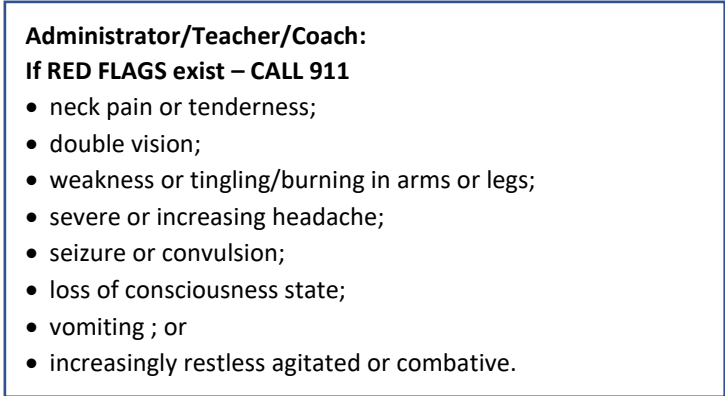
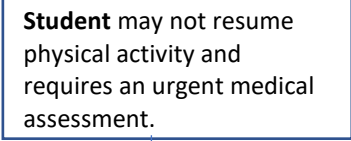
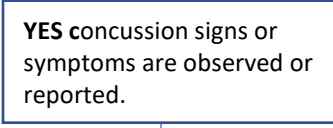
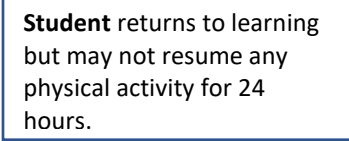
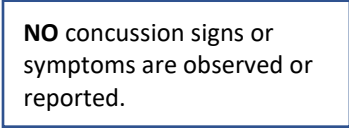
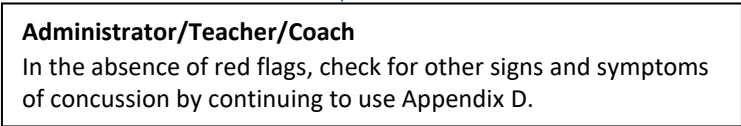
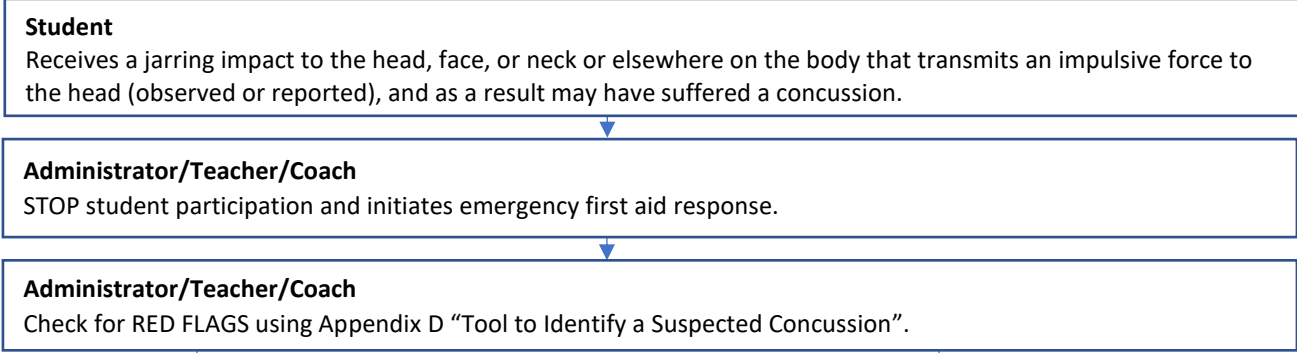


I, _____, (print name) have read and understand this code of conduct.

Signature: _____ Date: _____



Part 1: IDENTIFYING A SUSPECTED CONCUSSION – STEPS AND RESPONSIBILITIES ADMINISTRATIVE PROCEDURE





Part 2: IDENTIFYING A SUSPECTED CONCUSSION – STEPS AND RESPONSIBILITIES ADMINISTRATIVE PROCEDURE

Student
CONCUSSION DIAGNOSED (Stages and Responsibilities continued from Appendix C Part 1)

Administrator/Designated
Informs appropriate school staff of the diagnosis and prepare to meet with parent/guardian to provide and explain the Return to School (RTS) Plan, which includes: **Return to Learning (RTL) and Return to Physical Activity (RTPA).**
Appendix F

Parent/Guardian/Caregiver
Reports to administrator/designate when **completed Appendix E “Home Concussion Management Plan”**

Administrator/Designate
Meets with parent/guardian/caregiver to:
• Provide and explain the purpose of the required Return to School Plan **Appendix F**
• Explain the collaborative team approach and their role on the team.

Return to Learning – Step 3a
Student attends school (2-hours) with adaptations of learning strategies and/or approaches.

Return to Learning – Step 3b
Student attends school (half time) with moderate workload.

Return to Learning – Step 4a
Student attends full day school with adaptations of learning strategies or approaches.

Return to Learning – Step 4b
Student attends full day school without adaptations of learning strategies or approaches. **RTL COMPLETE-Appendix F**

- At each stage, student is monitored for return of symptoms, new symptoms, or worsening symptoms.
- During RTS Steps 1-4, if the student exhibits/reports return of symptoms or new symptoms, student must return to the previous stage for a minimum of 24-hours.
- If during any stage, the student exhibits or reports worsening symptoms, they must return to a medical doctor/nurse practitioner.

At the completion of each step, student progress is documented, with results shared between school and home. Parent/guardian/caregiver) a confirm completion of each step by returning Appendix F with a signature.

Return to Physical Activity – Step 3
Student may participate in simple locomotor activities/sport-specific exercise to add movement.

Return to Physical Activity – Step 4
Student may participate in increased physical activity, non-contact training drills (for coordination and increased thinking).

Collaborative Team lead/Designate
Reports to parents/guardian completion of Step 4b RTL and Step4 RTPA and provides medical clearance using forms included in **Appendix F Return to School Plan**

Parent/Guardian/Caregiver
Provides administrator with signed/completed form Medical Clearance Form included in Appendix F

Return to Physical Activity – Step 5
Student may return to participation in physical activities, including physical education, intramurals, non-contact interschool sports and full contact training/practice in contact sports.

Return to Physical Activity – Step 6
Student may return to full participation in physical activity. **RTPA COMPLETE-Appendix F & filed in OSR for 3 years**

During Step 5 and Step 6, a return of symptoms, or development of new symptoms, requires medical clearance.



~~*Please note that Appendix D has been crossed out and new wording will be found after the section*~~

~~Concussion Signs and Symptoms~~

~~**Please Note:** If any one or more sign(s) and/or symptom(s) are present, a concussion should be suspected but the full check should be completed (including the Quick Memory Function Check) to provide comprehensive information to parent/guardian and medical doctor/nurse practitioner.~~

~~Red Flag Sign(s) and Symptom(s)~~

- ~~• deteriorating conscious state;~~
- ~~• double vision;~~
- ~~• increasingly restless, agitated or combative;~~
- ~~• loss of consciousness;~~
- ~~• neck pain or tenderness;~~
- ~~• seizure or convulsion;~~
- ~~• severe or increasing headache;~~
- ~~• vomiting; and~~
- ~~• weakness or tingling/burning in arms or legs.~~

~~Other Concussion Signs~~

- ~~• balance, gait difficulties, motor incoordination, stumbling, slow laboured movements;~~
- ~~• blank or vacant look;~~
- ~~• disorientation or confusion, or an inability to respond appropriately to questions;~~
- ~~• facial injury after head trauma;~~
- ~~• lying motionless on the playing surface (no loss of consciousness); and~~
- ~~• slow to get up after a direct or indirect hit to the head.~~



Other Concussion Symptoms

- “don’t feel right”;
- “pressure in head”;
- balance problems;
- blurred vision;
- difficulty concentrating;
- difficulty remembering;
- dizziness;
- drowsiness;
- fatigue or low energy;
- feeling like “in a fog”;
- feeling slowed down;
- headache;
- more emotional;
- more irritable;
- nausea;
- nervous or anxious;
- sadness;
- sensitivity to light; and
- sensitivity to noise.



Red Flag Procedure

- ~~call 911;~~
- ~~if there has been any loss of consciousness, assume there is a possible neck injury and do not move the student;~~
- ~~stay with the student until emergency medical services arrive;~~
- ~~contact the student's parents/guardians (or emergency contact) to inform them of the incident and that emergency medical services have been contacted;~~
- ~~monitor and document any changes (that is, physical, cognitive, emotional/behavioural) in the student;~~
- ~~consult your school board's injury report form for documentation procedures;~~
- ~~if the student has lost consciousness and regains consciousness, encourage them to remain calm and to lie still; and~~
- ~~do not administer medication (unless the student requires medication for other conditions, for example, insulin for a student with diabetes, inhaler for asthma).~~

Reference: OPHEA 2020 | Ontario Physical Activity Safety Standards in Education



Tool to Identify a Suspected Concussion (Appendix D Part 1)

This tool, completed by school staff or a coach, is used to identify the signs and/or symptoms of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parents/guardians/caregivers. This tool may also be used for continued monitoring of the student. Complete the appropriate steps.

THIS FORM WILL GO HOME WITH THE STUDENT (Appendix D Part 1 and Appendix D Part 2)

Please include Appendix E (Home Concussion Management) home with the student as a proactive measure. The family may or may not have to use it as it will be based upon the results of the Medical Assessment Form

Student name: _____

Date: _____

Time of incident: _____ A.M. P.M.

Teacher/Coach: _____

If after a **jarring** impact to the head, face or neck, or elsewhere on the body, an impulsive force is transmitted to the head (observed or reported), and the individual (for example, teacher/coach) responsible for that student must complete these steps within this tool immediately.

Step A: Red Flags Signs and Symptoms

Check for Red Flag sign(s) and/or symptom(s). If any one or more red flag sign(s) and/or symptom(s) are present, **call 911, followed by a call to parents/guardians/emergency contact.**

- | | | |
|--|--|--|
| <input type="checkbox"/> Neck pain or tenderness | <input type="checkbox"/> Severe or increasing headache | <input type="checkbox"/> Double vision |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Increasingly restless, agitated, or combative | <input type="checkbox"/> Deteriorating conscious |
| <input type="checkbox"/> Seizure or convulsion | <input type="checkbox"/> Weakness or tingling/burning in arms or legs | <input type="checkbox"/> Loss of consciousness |

Step B: Other Signs and Symptoms

If Red Flag(s) are not identified, continue and complete the steps (as applicable) and Step E: Communication to Parent/Guardians.

Step B1: Other Concussion Signs		
<i>Check visual cues (what you see).</i>		
<input type="checkbox"/> Balance, gait difficulties, motor coordination, stumbling, slow labored movements <input type="checkbox"/> Blank or vacant look <input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions <input type="checkbox"/> Facial injury after head trauma <input type="checkbox"/> Lying motionless on the playing surface (no loss of consciousness) <input type="checkbox"/> Slow to get up after a direct or indirect hit to the head		
Step B2: Other Concussion Symptoms Reported <i>(What the Student is Saying)</i>		
<i>Check what student reports feeling.</i>		
<input type="checkbox"/> Balance problems <input type="checkbox"/> Blurred vision <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Dizziness <input type="checkbox"/> "Don't feel right" <input type="checkbox"/> Drowsiness	<input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Feeling like "in a fog" <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Headache <input type="checkbox"/> More emotional <input type="checkbox"/> More irritable	<input type="checkbox"/> Nausea <input type="checkbox"/> Nervous or anxious <input type="checkbox"/> "Pressure in head" <input type="checkbox"/> Sadness <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Sensitivity to noise

At any time, if sign(s) and/or symptom(s) worsen, call 911.



Step B3: Conduct Quick Memory Function Check

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. Failure to answer any one of the questions correctly may indicate a concussion. Record student responses.

- Is it before or after lunch? *Answer:* _____
- What activity/sport/game are we playing now? *Answer:* _____
- What field are we playing on today? *Answer:* _____
- What is the name of your teacher/coach? *Answer:* _____
- What room are we in right now? *Answer:* _____
- What school do you go to? *Answer:* _____

Step C: Where sign(s) observed and/or symptom(s) are reported, and/or if the student fails to answer any of the Quick Memory Function Check questions correctly then...

Actions Required:

- A concussion should be suspected;
- The student must stop participation immediately and
 - must not be allowed to return to play that day even if the student states that they are feeling better;
- The student must not:
 - leave the premises without parent/guardian (or emergency contact) supervision;
 - drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner; and
 - take medications except for life-threatening medical conditions (for example, diabetes, asthma).

The teacher/coach informs parent/guardian/caregiver that the student needs medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion should undergo evaluation by one of these professionals. The teacher/coach informs the principal of incident.

The parents/guardian/caregiver must be provided with a completed copy of this form (**Appendix D Part 1**), a copy of a **Medical Assessment Form (Appendix D Part 2)**, **Return to School Home Concussion Management (Appendix E)**

Step D: If there are no signs observed, no symptoms reported, and the student answers all questions in the Quick Memory Function Check correctly but a possible concussion event was observed by a school staff member /coach

Actions Required:

- The student must stop participation immediately and;
 - must not be allowed to return to play that day even if the student states that they are feeling better;
- Principals must be informed of the incident; and
- The teacher/coach informs the parent/guardian/caregiver of the incident and that the student attends school. They require continued monitoring for 24 hours as signs and/or symptoms can appear hours or days after the incident.

If at home monitoring the parent/guardian/caregiver observes...

- any red flags emerge call 911 immediately;
- any other sign(s) and/or symptoms emerge, the student needs a medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner; and
- the parent/guardian/caregiver communicate the results of the medical assessment to the appropriate school personnel using a **Medical Assessment Form Appendix D Part 2**;

OR

- if after 24 hours of monitoring and there continues to be no sign(s) and or symptom(s) emerging, the parent/guardian caregiver communicate the results to the appropriate school official using the school's process and/or form. The student is permitted to resume physical activities. **Medical clearance is not required**

The parents/guardian/caregiver must be provided with a completed copy of this form (**Appendix D Part 1**) and a copy of a **Medical Assessment Form (Appendix D Part 2)** (to use if they observe signs and need to go to a medical facility)



Step E: Communication to Parent/Guardian

Summary of Suspected Concussion Check - Indicate appropriate results and follow-up requirements.

Your child/ward was checked for a suspected concussion (that is, Red Flags, Other Signs and Symptoms, Quick Memory Function Check) with the following results:

- Red Flag sign(s) were observed and/or symptoms reported and emergency medical services (EMS) called.
- Other concussion sign(s) were observed and/or symptom(s) reported and/or the student failed to correctly answer all the Quick Memory Function Questions.
- No sign(s) or symptom(s) were reported and student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours. Continued monitoring is required (consult Step D).

School Contact: _____

Forms for parents/guardians to accompany this tool:

- Medical Assessment Form (Appendix D Part 2) - if signs were observed for needs to be completed.

Parent/Guardian must communicate to principal/designate one of the following:

a) Results of a Medical Assessment Form Appendix D Part 2

OR

b) No concussion sign(s) and/or symptom(s) were observed immediately after the incident or reported after 24 hour monitoring period



Medical Concussion Assessment Form (Appendix D Part 2)

The Medical Concussion Assessment Form is provided to a student that demonstrates or reports concussion signs and/or symptoms. For more information, consult the Tool to Identify a Suspected Concussion (Appendix D Part 1).

Student Name: _____ Date: _____

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. Prior to returning to school, the parents/guardians/caregiver must inform the school principal of the results of the medical assessment.

Results of Medical Assessment:

- My child has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions.
- My child has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to School Plan (RTSP) which includes a Return to Learn (RTL) and a Return to Physical Activity (RTPA). We will begin to follow **Appendix E Home Concussion Management**.
- My child has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations.

Medical doctor/nurse practitioner

Name: _____ Phone Number: _____
(Please print)

Signature: _____ Date: _____

Parent/Guardian/Caregiver

Signature: _____ Date: _____



Please note that Appendix E has been crossed out and new wording will be found after the section

~~Tool to Identify a Suspected Concussion~~

~~This tool was adapted from Davis GA, et al. Br J Sports Med 2017;0:1. doi:10.1136/bjsports-2017-097508CRT5~~

~~This tool, completed by school staff (for example, teachers/coaches/intramural supervisors), is used to identify the signs and/or symptoms of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parents/guardians. This tool may also be used for continued monitoring of the student. Complete the appropriate steps.~~

~~Student Name:~~

~~Time of Incident:~~

~~Date:~~

~~Teacher/Coach:~~

~~Identification of Suspected Concussion: If after a jarring impact to the head, face or neck or elsewhere on the body, an impulsive force is transmitted to the head (observed or reported), and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the Steps within this tool must be taken immediately.~~



~~Step A: Red Flags Signs and Symptoms~~

~~Check for Red Flag sign(s) and or symptom(s).~~

~~If any one or more red flag sign(s) or symptom(s) are present, call 911, followed by a call to parents/guardians/emergency contact.~~

~~Red Flag Signs and Symptoms:~~

- ~~Deteriorating conscious state~~
- ~~Double vision~~
- ~~Increasingly restless, agitated or combative~~
- ~~Loss of consciousness~~
- ~~Neck pain or tenderness~~
- ~~Seizure or convulsion~~
- ~~Severe or increasing headache~~
- ~~Vomiting~~
- ~~Weakness or tingling/burning in arms or legs~~

~~Step B: Other Signs and Symptoms~~

~~If Red Flag(s) are not identified continue and complete the steps (as applicable) and Step E:
Communication to Parents/Guardians~~

~~Step B1: Other Concussion Signs~~

~~Check visual cues (what you see).~~

- ~~Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements~~
- ~~Blank or vacant look~~
- ~~Disorientation or confusion, or an inability to respond appropriately to questions~~



- 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

Step B2: Other Concussion Symptoms Reported (What the Student is Saying)

Check what students report feeling.

- Balance problems
- Blurred vision
- Difficulty concentrating
- Difficulty remembering
- Dizziness
- "Don't feel right"
- Drowsiness
- Fatigue or low energy
- Feeling like "in a fog"
- Feeling slowed down
- Headache
- More emotional
- More irritable
- Nausea
- Nervous or anxious
- "Pressure in head"
- Sadness



Sensitivity to light

Sensitivity to noise

If any sign(s) or symptom(s) worsens call 911.

~~Step B3: Conduct Quick Memory Function Check~~

~~Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. Failure to answer any one of the questions correctly indicates a suspected concussion. Record student responses.~~

~~Is it before or after lunch?~~

~~What activity/sport/game are we playing now?~~

~~What field are we playing on today?~~

~~What is the name of your teacher/coach?~~

~~What room are we in right now?~~

~~What school do you go to?~~



~~Step C: When sign(s) are observed and/or symptom(s) are reported, and/or the student fails to answer any of the Quick Memory Function questions correctly~~

Actions required:

- ~~a concussion should be suspected;~~
- ~~the student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better; and~~
- ~~the student must not:~~
 - ~~leave the premises without parent/guardian (or emergency contact) supervision;~~
 - ~~drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner; and~~
 - ~~take medications except for life threatening medical conditions (for example, diabetes, asthma).~~

~~The teacher/coach informs the parent/guardian that the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion must undergo evaluation by one of these professionals. In rural or northern regions, the medical assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.~~

~~The parents/guardians must be provided with a completed copy of this tool and a copy of a Medical Assessment Form. The teacher/coach informs the principal of incident.~~

~~Step D: If there are no signs observed, no symptoms reported, and the student answers all questions in the Quick Memory Function Check correctly but a possible concussion event was recognized by teacher/coach.~~

Actions required:

- ~~The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.~~



- ~~The teacher/coach informs the parent/guardian of the incident and that the student attends school and requires continued monitoring for 24 hours as signs and or symptoms can appear hours or days after the incident:~~
 - ~~If any red flags emerge call 911 immediately.~~
 - ~~If any other sign(s) and/or symptom(s) emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.~~
 - ~~The parent/guardian communicate the results of the medical assessment to the appropriate school personnel using a **Medical Assessment Form**.~~
 - ~~If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged, the parent/guardian communicate the results to the appropriate school official using the school's process and/or form. The student is permitted to resume physical activities. Medical clearance is not required.~~

~~Step E: Communication to Parents/Guardians~~

~~Summary of Suspected Concussion Check — Indicate appropriate results and follow-up requirements.~~

~~Your child/ward was checked for a suspected concussion (that is, Red Flags, Other Signs and Symptoms, Quick Memory Function Check) with the following results:~~

- ~~Red Flag sign(s) were observed and/or symptom(s) reported and emergency medical services (EMS) called.~~
- ~~Other concussion sign(s) were observed and/or symptom(s) reported and/or the student failed to correctly answer all the Quick Memory Function questions.~~
- ~~No sign(s) or symptom(s) were reported, and the student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours. Continued monitoring is required (consult Step D).~~

~~Teacher/Coach/Intramural Supervisor signature (optional):~~



~~Forms for parents/guardians to accompany this tool:
The Medical Assessment Form~~

~~Parent/Guardian must communicate to the principal/designate the results of the 24-hour monitoring
(using school process/form) period:~~

- ~~Results of the Medical Assessment~~
- ~~No concussion sign(s) and/symptom(s) were observed or reported after the 24 hours monitoring
period.~~

Reference: OPHEA 2020 | Ontario Physical Activity Safety Standards in Education



Return to School Plan-Home Concussion Management (Appendix E)

The Initial Rest to Step 2 of the Return to School Plan is the *Home Concussion Management Plan*

The Home Concussion Management Plan is the first two steps before a student, that has been diagnosed with a concussion, can start the Return to School Plan. The following steps will be followed if the student has received a diagnosis of concussion from doctor or nurse practitioner. Medical Concussion Assessment (Appendix D Part 2) would have had to be completed and signed off by a doctor or nurse practitioner. The parent/guardian/caregiver monitor and sign off on each step.

Each step must last a minimum of 24 hours.

Initial Rest

Focus: 24–48 hours of relative cognitive rest:

- Activities permitted if tolerated by student:
 - short board/card games;
 - short phone calls;
 - photography (with camera); and
 - crafts.

- Activities that are **not** permitted at this stage:
 - tv;
 - technology use (for example, computer, laptop, tablet, iPad, cell phone (for example, texting/games/photography));
 - video games;
 - reading; and
 - attendance at school or school-type work.

The student moves to Step 1 when symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Parent/Guardian/Caregiver Sign off completed Initial Rest Step: _____

Date: _____



Step 1

Focus

- ***Light cognitive (thinking/memory/ knowledge) activities; and***
- ***Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.***

Activities permitted if tolerated by student:

- activities from previous stage;
- easy reading (for example, books, magazines, newspaper);
- limited tv;
- limited cellphone conversations;
- drawing/building blocks/puzzles; and
- some contact with friends.

Activities that are **NOT** permitted at this stage:

- technology use (for example, computer, laptop, tablet, cell phone; and
- attendance at school or school-type work.

The student moves to Step 2 when:

- the student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities in Step1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms; and
- the student has completed a minimum of 24 hours at Step 1.

However:

- the student must return to the previous step for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.

At any time, the student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms

Parent/Guardian/Caregiver Sign off completed Step1: _____

Date: _____



Step 2

Focus *Gradually add cognitive activity (as per activities permitted). When light cognitive activity is tolerated, introduce schoolwork (at home and facilitated by the school).*

Activities permitted if tolerated by student:

- activities from previous stage;
- school-type work in 30-minute increments;
- crosswords, word puzzles, Sudoku, word search; and
- limited technology use (for example, computer, laptop, tablet, cell phone).

Activities that are **NOT** permitted at this stage:

- school attendance

The student moves to Step 3a found on Return to School Plan Appendix F when:

- the student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted in Step 2) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms; and
- the student has completed a minimum of 24 hours at Step 2.

However:

- the student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms; and
- the student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Parent/Guardian/Caregiver sign off completed Step 2: _____

Date: _____

NEXT STEP:

Please call the school to arrange a Return to School Plan Meeting. Please have these forms.



Please note that Appendix G has been crossed out and new wording will be found after the section

~~Concussion Return to School Plan for Return to Learning~~

~~The Concussion Return to School Plan was developed in partnership with Parachute and is based on the most recent research and recommendations of the expert scientific community on concussion, that is, The Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016.~~

~~Should a student be diagnosed with a concussion, the student will be required to follow a Return to School Plan which includes a Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. There are two parts to a student's RTL plan. The first part, Initial Rest to Stage 2, occurs at home and the second part, Stage 3a to 4b, occurs at school.~~

~~The RTL and RTPA plans are inter-related, however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages.~~

~~Each stage must last a minimum of 24 hours.~~

Initial Rest

- ~~24 – 48 hours of relative cognitive rest:~~
 - ~~Activities permitted if tolerated by student:~~
 - Short board/card games
 - Short phone calls
 - Photography (with camera)
 - Crafts
 - ~~Activities that are not permitted at this stage:~~
 - TV
 - Technology use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography)
 - Video games



- Reading
- ~~attendance at school or school-type work~~
- ~~The student moves to Stage 1 when symptoms start to improve or after resting 2 days maximum (whichever occurs first).~~

Stage 1

- ~~Light cognitive (thinking/memory/ knowledge) activities~~
- ~~Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.~~
 - ~~Activities permitted if tolerated by student:~~
 - ~~Activities from previous stage~~
 - ~~Easy reading (for example, books, magazines, newspaper)~~
 - ~~Limited TV~~
 - ~~Limited cellphone conversations~~
 - ~~Drawing/building blocks/puzzles~~
 - ~~Some contact with friends~~
 - ~~Activities that are not permitted at this stage:~~
 - ~~Technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography))~~
 - ~~Attendance at school or school-type work~~
- ~~The student moves to Stage 2 when:~~
 - ~~the student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities in Stage 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.~~
 - ~~The student has completed a minimum of 24 hours at Stage 1.~~
- ~~However:~~
 - ~~The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.~~
 - ~~The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.~~



Stage 2

- ~~Gradually add cognitive activity (as per activities permitted). When light cognitive activity is tolerated, introduce schoolwork (at home and facilitated by the school).~~
 - ~~Activities permitted if tolerated by student:~~
 - ~~Activities from previous stage~~
 - ~~School type work in 30-minute increments~~
 - ~~Crosswords, word puzzles, Sudoku, word search~~
 - ~~Limited technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography)) starting with shorter periods and building up as tolerated.~~
 - ~~Activities that are not permitted at this stage:~~
 - ~~School attendance~~
- ~~The student moves to Stage 3a when:~~
 - ~~The student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted in Stage 2) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.~~
 - ~~The student has completed a minimum of 24 hours at Stage 2.~~
- ~~However:~~
 - ~~The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.~~
 - ~~The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.~~

Stage 3a

- ~~The student begins with an initial time at school of 2 hours.~~
- ~~The individual RTL plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning.~~



- ~~Activities permitted if tolerated by student:~~
 - ~~Activities from previous stage~~
 - ~~School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity~~
 - ~~Adaptation of learning strategies and/or approaches~~
- ~~Activities that are not permitted at this stage:~~
 - ~~Tests/exams~~
 - ~~Homework~~
 - ~~Music class~~
 - ~~Assemblies~~
 - ~~Field trips~~
- ~~School Responsibility:~~
 - ~~The student has demonstrated they can tolerate up to a half day of cognitive activity.~~
 - ~~A **School Concussion Management Form (Return to School Plan)** is sent home to parent/guardian.~~
- ~~Home Responsibility:~~
 - ~~The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.~~
 - ~~The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.~~
 - ~~The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.~~
 - ~~The School Concussion Management Form (Return to School Plan) is sent back to school.~~

Stage 3b

- ~~The student continues attending school half time with gradual increase in school attendance time, increased schoolwork and a decrease in the adaptation of learning strategies and/or approaches:~~
 - ~~Activities permitted if tolerated by student:~~



- Activities from previous stage
- School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week)
- Homework—up to 30 minutes per day
- Decrease adaptation of learning strategies and/or approaches
- Classroom testing with accommodations.
- Activities that are not permitted at this stage:
 - Standardized tests/exams
- School Responsibility:
 - The student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed in Stage 3b.
 - The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
- Home Responsibility:
 - The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
 - The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
 - The School Concussion Management Form (Return to School Plan) is sent back to school.

Stage 4a

- Full-day school, minimal adaptation of learning strategies and/or approaches
- Nearly normal workload.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Nearly normal cognitive activities



- ~~Routine schoolwork as tolerated~~
- ~~Minimal adaptation of learning strategies and/or approaches~~
 - ~~Start to eliminate adaptation of learning strategies and/or approaches~~
 - ~~Increase homework to 60 minutes per day~~
 - ~~Limit routine testing to one test per day with accommodations (for example, supports—such as more time)~~
- ~~Activities that are not permitted at this stage:~~
 - ~~Standardized tests/exams~~
- ~~School Responsibility:~~
 - ~~The student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.~~
 - ~~The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.~~
- ~~Home Responsibility:~~
 - ~~The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.~~
 - ~~The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.~~
 - ~~The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.~~
 - ~~The School Concussion Management Form (Return to School Plan) is sent back to school.~~

Stage 4b

- ~~At school: full day, without adaptation of learning strategies and/or approaches~~
 - ~~Activities permitted if tolerated by Student:~~
 - ~~Normal cognitive activities~~
 - ~~Routine schoolwork~~
 - ~~Full curriculum load (attend all classes, all homework, tests)~~



- Standardized tests/exams
 - Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club)
- ~~School Responsibility:~~
 - ~~The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches~~
 - ~~The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.~~
 - ~~Home Responsibility:~~
 - ~~The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.~~
 - ~~The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.~~
 - ~~The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.~~



Return to Learn Concussion/Brain Injury

Student Name: <input style="width: 95%;" type="text"/>	OEN: <input style="width: 95%;" type="text"/>
Date: _____	
Date of Injury: _____	Date of Doctor's Visit: _____
Date of Next Doctor's Visit: _____	Review by: _____
<p>This student has been diagnosed with a concussion/brain injury by a medical doctor. The following accommodations are in place for the student where applicable as indicated below. The student will be monitored on an ongoing basis by the Principal. Please contact <u>Principal/Designate Name</u> if you have any questions.</p>	

Accommodations

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations
<input type="checkbox"/> Buddy/peer tutoring <input type="checkbox"/> Note-taking assistance <input type="checkbox"/> Duplicated notes <input type="checkbox"/> Organization coaching <input type="checkbox"/> Time management aids <input type="checkbox"/> More frequent breaks <input type="checkbox"/> Visual cueing <input type="checkbox"/> Reduced/uncluttered format <input type="checkbox"/> Repetition of information <input type="checkbox"/> Rewording/rephrasing <input type="checkbox"/> Extra time for processing <input type="checkbox"/> Taped texts <input type="checkbox"/> Computer options	<input type="checkbox"/> Alternative workspace <input type="checkbox"/> Strategic seating <input type="checkbox"/> Proximity to instructor <input type="checkbox"/> Reduction of audio/visual stimuli <input type="checkbox"/> Study carrel <input type="checkbox"/> Minimizing background noise <input type="checkbox"/> Quiet setting <input type="checkbox"/> Use of headphones <input type="checkbox"/> Special lighting (low intensity is usually preferred)	<input type="checkbox"/> Extended time limits <input type="checkbox"/> Verbatim scribing <input type="checkbox"/> Oral responses, including audio tapes <input type="checkbox"/> More frequent breaks <input type="checkbox"/> Prompts to return student's attention to task <input type="checkbox"/> Reduced uncluttered format <input type="checkbox"/> Extra time for processing <input type="checkbox"/> Reduction in the number of tasks used to assess a concept or skill <input type="checkbox"/> Computer options

Intervention Supports

<input type="checkbox"/> Providing class assistance <input type="checkbox"/> Providing extra help <input type="checkbox"/> Involving parent/guardian <input type="checkbox"/> Counseling in school <input type="checkbox"/> Withdrawal support	<input type="checkbox"/> Social Worker <input type="checkbox"/> Daily tracking sheet <input type="checkbox"/> Referral to school support team <input type="checkbox"/> Student Success
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Adapted from Ontario Ministry of Education, The Individual Education Plan (IEP) A Resource Guide 2004 and in consultation with Dr. Charles Tator founder of Think First Canada.

Copied

<input type="checkbox"/> Vice Principal <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Student Services <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Social Worker <input type="checkbox"/> Other _____	<input type="checkbox"/> Student Success <input type="checkbox"/> Itinerant Teacher(s) <input type="checkbox"/> Health and Physical Education Department (Chair Arts) <input type="checkbox"/> SSSAA Representative <input type="checkbox"/> Parent/Guardian/Caregiver <input type="checkbox"/> OSR
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Principal's Signature: _____



Return to School Plan

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016. The Return to School Plan (Return to Learning/Returning to Physical Activity) is for parents/guardians and the school Collaborative Team to communicate and track a student's progress through the steps of the Return to Learning and Return to Physical Activity plan, following completion of the Home Concussion Return to School Plan.

This section includes:

- Background Information on the Concussion Recovery Process
- General Procedures for Return to School Plan
- Instructions for a Return to School Plan
- Return to School Plan Form/Medical Clearance Form

Background Information on the Concussion Recovery Process

A student with a diagnosed concussion needs to follow a Return to School Plan which includes an individualized and gradual Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. In developing the Return to School Plan, the RTL process is designed to meet the particular needs of the student, as there is not a pre-set plan of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA plan follows an internationally recognized graduated approach. The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school (Collaborative Team) and sport organizations with which the student is involved and registered with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

There are two parts to a student's RTL and RTPA plan. This first part occurs at home (Appendix E Home Concussion Management) and prepares the student for the second part which occurs at school. The school part of the plan begins with:

- A meeting with the principal/designate to provide the parent(s)/guardian/caregiver information on:
 - the school part of the RTL and RTPA plan: and
 - the Collaborative Team participants and parent(s)/guardian/caregiver role on the team.
- A student assessment to determine possible strategies and/or approaches for student learning
- A student assessment to determine possible strategies and/or approaches for student learning

The home stages of the Return to School Plan for RTL and RTPA (Initial Rest to Step 2 for RTS and Initial Rest to Step 2b of RTPA) focuses on a student's progression through the home steps of the RTL and RTPA plan. It has been designed to provide direction for, and documentation of the stages of the RTL and RTPA plan.

General Procedures for a Return to School Plan

Steps 3a to 4b of the Return to School Plan for Return to Learning (RTL) and steps 3 to 6 of the Return to School Plan for Return to Physical Activity (RTPA) focuses on a student's progression through the school steps of the Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. It has been designed to provide direction for, and documentation of the steps of the RTL and RTPA Plan.



The school part of the plan begins with:

- A parent/guardian/caregiver and principal/designate meeting (for example, in-person, phone conference, video conference, email) to provide information on:
 - the school part of the RTL and RTPA plan; and
 - the Collaborative Team members and their role (for example, parent/guardian, student, principal/designate, team lead, teacher(s), medical doctor or nurse practitioner and/or appropriate licensed healthcare provider).
- A student conference to determine the individualized RTL plan and to identify:
 - the RTL learning strategies and/or approaches required by the student based on the post-concussion symptoms; and
 - the best way to provide opportunities for the permissible activities.

The general procedures for return to school are:

- Steps 3a to 4b of the Concussion Return to School Plan for Return to Learning (RTL) and Steps 3 to 6 of the Concussion Return to School Plan for Return to Physical Activity (RTPA) occur at school and where appropriate the RTPA part of the plan may occur at sport practices (for example, student is not enrolled in physical education).
- Inform parent/guardian/caregiver/student of the importance to disclose a concussion diagnosis with any outside coach/sport organization(s) with which the student is involved or registered.
- Steps are not days - each step must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the student.
- Completion of the RTL and RTPA plans may take 1-4 weeks.
- A student moves forward to the next step when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- A student is tolerating an activity if their symptoms are not exacerbated (aggravated, intensified, made worse).
- While the RTL and RTPA steps are inter-related they are not interdependent. A student's progress through the steps of RTL is independent from their progression through the RTPA steps. However, students must have completed Step 4a and 4b of RTL and Stage 4 of RTPA and have obtained Medical Clearance prior to beginning Step 5 of RTPA.
- Until a student has successfully completed all steps in the RTL plan they must not participate in the following physical activities where the risk of re-injury is possible:
 - full participation in the physical education curricular program;
 - intramural activities;
 - full participation in on-contact interschool activities; or
 - participation in practice for a contact sport.
- A student that has no symptoms when they return to school, must progress through all the RTL steps and RTPA steps and remain symptom free for a minimum of 24 hours in each step prior to moving to the next step.
- The plan does not replace medical advice.
- During all steps of RTP and in Steps 1-4 of RTPA:
 - if symptoms return or new symptoms appear, the student returns to previous step for a minimum of 24 hours and only participates in activities that can be tolerated.



During steps 5 and 6 of RTPA:

- If symptoms return or new symptoms appear, the student must return to medical doctor/nurse practitioner to have the Medical Clearance re-assessed.
- During all steps of RTL and RTPA if symptoms worsen over time, follow school (collaborative team procedures) for contacting parents/guardian/caregiver to inform them that the student needs a follow-up medical assessment.
- Progression through the plan is individual, timelines and activities may vary.
- Upon completion of the RTL and RTPA plans, this form is returned to the principal/designate form filing as per school board’s procedures.

Instructions for the Return to School Plan:

- At each step, the Return to School Plan for Return to Learning (RTL) and Return to Physical Activity (RTPA) (hard copy/electronic) will go back and forth between the school and home.
- Review the activities (permitted and not permitted) at each step prior to beginning the plan.
- The school (for example, teacher, collaborative team lead) provides appropriate activities and records student’s progress by checking, dating, completion of each step and communicating information (form) to parent/guardian.
- Within each step, the parent/guardian completes, checks, dates and signs the student’s tolerance to those activities (that is, no returning, new or worsening symptoms) giving permission for the student to progress to the next step and returns completed form to school.

Strategies for Return to School Plan – Return to Learning

Accommodations

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations
<ul style="list-style-type: none"> • Buddy/peer tutoring • Note taking assistance • Duplicated notes • Organization coaching • Time management aids • More frequent breaks • Visual cueing • Reduced/uncluttered format • Repetition of information • Rewording/rephrasing • Extra time for processing • Taped texts • Computer options 	<ul style="list-style-type: none"> • Alternative workspace • Strategic seating • Proximity to instructor • Reduction of audio/visual stimuli • Study carrel • Minimizing background noise • Quiet setting • Use of headphones • Special lighting (low intensity is usually preferred) 	<ul style="list-style-type: none"> • Extended time limits • Verbatim scribing • Oral responses, including audio tapes • More frequent breaks • Prompts to return student’s attention to task • Reduced uncluttered format • Extra time for processing • Reduction in the number of tasks used to assess a concept or skill • Computer options

Intervention Supports

<ul style="list-style-type: none"> <input type="checkbox"/> Providing class assistance <input type="checkbox"/> Providing extra help <input type="checkbox"/> Involving parent/guardian <input type="checkbox"/> Counseling in school <input type="checkbox"/> Withdrawal support 	<ul style="list-style-type: none"> <input type="checkbox"/> Social Worker <input type="checkbox"/> Daily tracking sheet <input type="checkbox"/> Referral to school support team <input type="checkbox"/> Student Success
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Adapted from Ontario Ministry of Education, The Individual Education Plan (IEP) A Resource Guide 2004 and in consultation with Dr. Charles Tator founder of Think First Canada.



Return to School Plan
Return to Learning (RTL) and Return to Physical Activity (RTPA)

Appendix F

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been created from the information at OPHEA and Parachute, and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016. The RTL and RTPA plans are inter-related however, they are not interdependent. A student's progress through the steps of RTL is independent from their progression through the RTPA steps. Different students will progress at different rates.

Student Name: _____

Date: _____

Return to Learning (RTL) - Step 3a

- The student begins with an initial time at school of 2 hours; and
- The individual RTL plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning.

Activities permitted if tolerated by student:

- Activities from previous step (Home Concussion Management Appendix);
- School work for up to 2 hours per day in smaller chunks (completed at school) working up to ½ day of cognitive activity; and
- Adaptation of learning strategies and/or approaches.

Activities that are not permitted at this step:

- Tests/exams/homework
- Music class
- Assemblies
- Field Trips

School Responsibility:

- The student has demonstrated they can tolerate up to a half day of cognitive activity.
- The Return to School Plan is sent home to parents/guardians/caregivers.

School Initial (for example, collaborative team lead/designate): _____ **Date:** _____

Home Responsibility:

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The Return to School Plan is sent back to school.

Parent/Guardian/Caregiver Signature: _____ **Date:** _____



Step 3b

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

Activities permitted if tolerated by student:

- Activities from previous step
- School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week)
- Homework - up to 30 minutes per day
- Decrease adaptation of learning strategies and/or approaches
- Classroom testing with accommodations

Activities that are not at step

- Standardized tests/exam

School Responsibility:

- The student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed; and
- The Return to School Plan is sent home to parent/guardian/caregiver.

School Initial (for example, collaborative team lead/designate): _____ Date_____

Home Responsibility:

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms;
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours;
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner; and
- The Return to School Plan is sent back to school.

Parent/Guardian/Caregiver Signature: _____ Date:_____



Step 4a

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

Activities permitted if tolerated by student

- activities from previous step;
- nearly normal cognitive activities;
- routine school work as tolerated; and
- minimal adaption of learning strategies or approaches (start to eliminate adaptation of learning strategies and/or approaches).

Activities that are NOT permitted

- Standardized tests/exams.

School Responsibility:

- The student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches; and
- The Return to School Plan is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____ **Date** _____

Home Responsibility:

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms;
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours;
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner; and
- The Return to School Plan is sent back to school.

Parent/Guardian/Caregiver/Signature: _____ **Date:** _____

Comments:



Step 4b

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

Activities permitted if tolerated by student:

- Normal cognitive activities;
- Routine school work;
- Full curriculum load (attend all classes, all homework, tests);
- Standardized tests/exams; and
- Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club).

School Responsibility:

- The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches; and
- The Return to School Plan is sent home to parent/guardian/caregiver.

School Initial (for example, collaborative team lead/designate): _____ **Date:** _____

Home Responsibility:

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms;
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous step for a minimum of 24 hours; and
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

Parent/Guardian/Caregiver Signature: _____ **Date** _____



Return to Physical Activity (RTPA)

Step 3

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

Activities permitted if tolerated by student:

- Activities from previous step (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace);
- Simple individual drills (for example, running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury; and
- Restricted recess activities (for example, walking).

Activities that are not permitted at this step:

- Full participation in physical education or Daily Physical Activity, participation in intramural;
- Full participation in interschool practices:
- Interschool competitions;
- Resistance or weight training;
- Body contact or head impact activities (for example, heading a soccer ball); and
- Jarring motions (for example, high speed stops, hitting a baseball with a bat).

School Responsibility:

- the student has demonstrated they can tolerate simple individual drills/sport specific drills as listed in permitted activities; and
- the Return to School Plan is sent home to parent/guardian/caregiver.

School Initial (for example, collaborative team lead/designate) _____ Date _____

Home Responsibility:

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms;
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous step for a minimum of 24 hours;
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner; and
- The Return to School Plan is sent back to school.

Parent/Guardian/Caregiver Signature _____ Date _____

Comments: _____



Step 4

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

Activities permitted if tolerated by student:

- Activities from previous stage;
- More complex training drills (for example, passing drills in soccer and hockey);
- Physical activity with no body contact (for example, dance, badminton);
- Participation in practices for non-contact interschool sports;
- Progressive resistance training may be started; and
- Recess - physical activity running/games with no body contact, Daily Physical Activity

Activities that are not permitted at this stage:

- Full participation in Physical education;
- Participation in intramurals;
- Body contact or head impact activities (for example, heading a soccer ball); and
- Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact).

School Responsibility:

- The student has completed the activities in Step 4 as applicable;
- The Return to School Plan is sent home to parent/guardian/caregiver; and
- A Concussion Medical Clearance Form (end of this Appendix) is sent home to parent/guardian/caregivers.

School Initial _____ **Date:** _____

Home Responsibility:

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian/Caregiver Signature _____ **Date:** _____

Comments: _____

Before progressing to Step 5, the student must:

- have completed Step 4a and 4b of RTL (full day at school without adaptation of learning strategies and/or approaches);
- have completed Step 4 of RTPA and be symptom-free; and
- obtain a signed medical clearance from a medical doctor or nurse practitioner (Medical Concussion Clearance form Appendix F).

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



Step 5

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

Activities if tolerated by the student:

- Physical Education;
- Intramural programs; and
- Full contact training/practice in contact interschool sports.

Activities that are NOT permitted at this stage:

- Competition (for example, games, meets, events) that involves body contact

School Responsibility:

- The student has completed the applicable physical activities in Stage 5; and
- The Return to School Plan is sent home to parent/guardian/caregiver.

School Initial _____ **Date:** _____

Home Responsibility:

- The student has not exhibited or reported a return of symptoms, new symptoms;
- The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment; and
- The Return to School Plan is sent back to school.

Parent/Guardian/Caregiver Signature _____ **Date:** _____

Comments: _____



Step 6

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

School Responsibility:

- The student has successfully completed full participation in contact sports; and
- The Return to School Plan is sent home to parent/guardian/caregiver.

School Initial: _____ **Date:** _____

Home Responsibility:

- The student has not exhibited or reported a return of symptoms or new symptoms;
- The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment; and
- The Return to School Plan is sent back to school for documentation purposes.

Parent/Guardian/Caregiver Signature _____ **Date:** _____

Comments: _____

The completed Return to School Plan stays in the OSR for 3-years



Medical Concussion Clearance Form

Return to School (RTS) and Step 4 of the Concussion Management Plan for Return to Physical Activity (RTPA). The student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Step 5).

Student Name: _____ Date: _____

I have examined this student and confirm they are medically cleared to participate in the following activities:

- Full participation in Physical Education classes
- Full participation in Intramural physical activities (non-contact)
- Full participation in non-contact Interschool Sports (practices and competition)
- Full-contact training/practice in contact Interschool Sports

Other Comments:

Medical Doctor/Nurse Practitioner

Forms completed by other licensed healthcare professionals should not be otherwise accepted.

Name: _____

Signature: _____

Date: _____

A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove themselves from play, inform their parent/guardian/caregiver/teacher/coach, and return to medical doctor or nurse practitioner for Medical Clearance reassessment before returning to physical activity.



References

Canadian Paediatric Society (CPS) position paper on concussion, 2014, www.cps.ca/en

Ontario Physical Education Safety Guidelines, managed by OPHEA (Ontario Physical and Health Education Association) <http://safety.ophea.net/>

OPHEA (Ontario Physical and Health Education Association)
<https://safety.ophea.net/concussions>

Ontario School Boards' Insurance Exchange (OSBIE) incident reporting procedures and insurance audit conditions <http://osbie.on.ca/>

Parachute Canada <http://www.parachutecanada.org/>

Personal Health Information Protection Act, 2004
<https://www.ontario.ca/laws/statute/04p03>

Personal Health Information Protection Act Guide, 2004
<https://www.ipc.on.ca/wp-content/uploads/Resources/hguide-e.pdf>

Policy/Program Memorandum 158, School Board Policy on Concussion, Ministry of Education, September 25, 2019 <http://www.edu.gov.on.ca/extra/eng/ppm/ppm-158-jan-2020.pdf>

Rowan's Law Concussion Safety, Government of Ontario
<https://www.ontario.ca/page/rowans-law-concussion-safety>

Rowan's Law Concussion Awareness Resources, Government of Ontario
<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

Policies, Procedures and supporting documents from the following: Consortium of Provincial School Boards, **Bluewater District School Board**, **Durham District School Board**, Grand Erie District School Board, **Great Essex County District School Board**, District School Board of Niagara, District School Board Ontario North East, OPHEA (Ontario Physical and Health Education Association), **Peel District School Board**, Simcoe County District School Board, **Thames Valley District School Board**, Toronto District School Board and Upper Grand District School Board.