



SCHOOL First

Enabling successful *return-to-school*
for Canadian youth following a concussion

INTRODUCTION

HOW CAN YOU BE A
CONCUSSION CHAMPION?

1 Build your
knowledge

2 Create a supportive
and concussion aware
school culture

3 Know your role
in facilitating and
enabling successful
return-to-school for
students after
a concussion

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INTRODUCTION

Concussions are a type of traumatic brain injury that can affect many aspects of a youth's life, including school.^{1,2} While it is becoming a requirement for many school boards to develop, maintain and implement concussion [policies](#) to support students' return-to-school after a concussion, it is no easy task. **Supporting youth with a concussion upon their return-to-school is a priority and you can help.**

Regardless of your role within the education system, it is important for you to be a **'Concussion Champion'** and support students with a concussion within a school setting.^{1,2} Doing so can help the student feel less anxious and more confident when returning to school.³

This tool will:

- help you understand your [role](#) as a **Concussion Champion**
- provide you with ideas on how to [support](#) students with a concussion
- link you to resources to help you build your concussion knowledge
- provide you with a [planning tool](#) to identify the steps you are taking to be a **Concussion Champion**



Who is this tool for?

This tool can be used by:

- School Boards:
 - Directors
 - Trustees
 - Superintendents
 - Administrators
 - Psychological Services Team
 - Social Work Services
 - Consultants
- School Administrators:
 - Principals
 - Vice Principals
- Teachers
- Coaches
- School Partners:
 - Office Staff
 - School Nurses/
Public Health Nurses
 - Athletic Trainers
 - Child and Youth Workers
 - Educational Assistants
 - Lunch Assistants
 - Specialty Operators
- Students
- Families
- School Volunteers
- Healthcare Professionals

Note:

This tool directs you to a range of concussion information and supporting resources. The information and resources shared have been created by various groups, and so you may see different recommendations, messages and language (e.g. return-to-learn vs. return-to-school). The field of pediatric concussion is young, growing and not yet standardized. It is important that from the information and support resources provided in this tool, that you use what works best for you in your school and education system context.



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HOW CAN YOU BE A CONCUSSION CHAMPION?

A concussion is a complex injury. Students and their families need support and guidance to help them plan and organize how to reintegrate back into school. To best support the student, everyone in the student's life needs to be a **Concussion Champion**. **The goal of a Concussion Champion is to enable the student to have the best outcome they can as they recover from their concussion, including reintegrating the student back into school activities in a safe and successful way.** This tool provides you with some ideas and resources to help you best support students in your classroom, school or education system. Use the information provided in the three sections and the [planning tool](#) to take action and be a **Concussion Champion**:



Being a Concussion Champion involves:

- putting the health of students first
- advocating for students with concussion
- educating and building capacity on the importance of supporting students with concussion and the role the education system can play
- ensuring communication between all involved to facilitate the best outcome
- supporting students and their families as they return-to-school
- inspiring and enabling others to be part of the process



WATCH THIS!

Video resource:

Hear from Maddy about the role of a Concussion Champion

1
Build your
knowledge

What is a
concussion?

Concussion recovery
and returning to school

Student assessment
and evaluation

Concussion policy/protocol:
Does your school have one?



Build your knowledge

What is a concussion?

A concussion is a brain injury that can affect how the brain works. Concussions may happen because of a hit to the head, face, neck or somewhere else on the body.⁴ When a hit takes place, the brain moves or jiggles inside the skull. If it moves hard enough, the brain can become injured. This can make the brain and body work and feel different, and can affect how a person performs in all areas of life including at school.⁵

Not everyone reacts to a concussion in the same way. For some people, concussions heal quickly and for others, the road to recovery is longer.⁵ Whether a short or long recovery, all students can benefit from support from those involved in their lives.

As a **Concussion Champion**, it is important for you to know about concussions and how it impacts students.



WATCH THIS!

Video resource:

Hear from Dr. Mike Evans about concussion management and return-to-learn

Here are some helpful websites with concussion information that you can check out:



- [CanChild](#)
- [Centers for Disease Control and Prevention: HEADS UP program](#)
- [Concussion Awareness Training Tool \(CATT\)](#)
- [Concussions Ontario](#)
- [Concussion Centre: Holland Bloorview Kids Rehabilitation Hospital](#)
- [Montreal Children's Hospital](#)
- [Parachute Canada](#)

Remember

As a **Concussion Champion**, it is important for you to continually monitor and respond to students' evolving concussion recovery and needs. This includes progression and potential setbacks.

Did you know?

You do not need to lose consciousness to have a concussion.⁴

You can experience different types of signs and symptoms⁴ after a concussion:

- physical (e.g. headaches, nausea, dizziness)
- cognitive (e.g. difficulty concentrating or remembering, fogginess, slowed thinking)
- emotional/behavioural (e.g. anxiety, sadness, irritability)
- sleep (sleeping more or less than usual, difficulty falling and staying asleep)

These symptoms can impact how a student performs at school.

Most concussions in youth resolve within 1 month, however 30% of youth will take longer to recover.⁶



WATCH THIS!

Video resource:

Listen to Maddy as she talks about what it is like to have a concussion at school

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Concussion recovery and returning to school



Everyone's experience with concussion is different. How a person recovers from a concussion and the type of support and care they need may vary in order to optimally help them return to daily life, including school.⁵ Returning to school and being able to handle the demands of school-based activities must take place before returning to play or sports. Returning to school and play are gradual processes.

As a **Concussion Champion**, it is important for you to focus on developing and implementing the right educational [supports](#) for the student in a way that aligns with the recommendations made by their doctor and/or healthcare team.

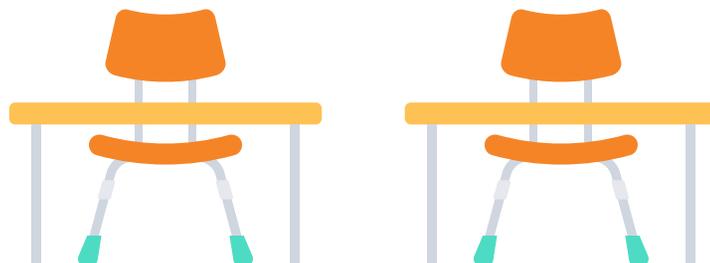
Students may have setbacks during their recovery. As a result, they require ongoing monitoring and support. Understanding that students may require more and/or different supports at different times can go a long way. This can help students participate in school activities to the best of their abilities without provoking symptoms at each stage of recovery. Differentiated [support](#) allows students to participate to the best

of their abilities during recovery. Providing support at school can include modifying the environment, adapting approaches to instruction and exploring alternative methods for [assessment and evaluation](#). An example of the type of supports that you can offer to a student with a concussion can be found in [Table 1](#).

Remember

If you add a new activity or support for the student, **carefully monitor them**. **Assess the success of what was changed and/or the impact on their symptoms**. **Make a plan with the student to best meet their changing needs**.

Need resources to help guide the return-to-school process for students? See [Figure 1](#) for an example of a tool that you can use.



An important note!

Before a student returns to sports or risky activities, they should have:

1. Returned to school and be able to handle the full academic workload;
2. Completed a return-to-play protocol; and
3. Received medical clearance

For more information, see [OPHEA and Parachute Canada's Return-to-School and Return-to-Play stages](#) as an example of a resource to guide you through this process.



Try this

Parachute Canada has a '[Concussion Guide for Teachers](#)' to help support students through the return-to-school process after a concussion.



WATCH THIS!

Video resource:

Tune in to Maddy as she shares how her teachers made it easier for her to come back to school after her concussion

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Table 1. Examples of classroom supports for students with concussion

Environment	Instruction	Assessment and evaluation
<ul style="list-style-type: none"> <input type="checkbox"/> Provide an alternate workspace with less noise and distractions (e.g. library) <input type="checkbox"/> Offer preferential seating to minimize distractions (e.g. front of class) <input type="checkbox"/> Allow nutrition breaks (e.g. snack, water) <input type="checkbox"/> Reduce audio/visual stimuli (e.g. move the student away from windows, dim lights, reduce background noise) <input type="checkbox"/> Allow the student to wear aides to reduce light and noise (e.g. ear-plugs, headphones, sunglasses, hat) <input type="checkbox"/> Allow the student to work with a partner <input type="checkbox"/> Provide extra time for transition between classes <input type="checkbox"/> Excuse the student from assemblies <input type="checkbox"/> Allow the student to rest in a quiet room 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide alternatives for screen-based instruction <input type="checkbox"/> Chunk and breakdown tasks so that they are smaller and manageable (provide support as needed) <input type="checkbox"/> Provide breaks (as needed) when moving from task to task <input type="checkbox"/> Provide short and concise written instructions <input type="checkbox"/> Have the student write instructions down step-by-step or repeat the instructions in their own words (for clarity) <input type="checkbox"/> Use colour coding and/or highlighting to emphasize key pieces of information <input type="checkbox"/> Monitor participation in group work <input type="checkbox"/> Provide print-outs instead of note-taking <input type="checkbox"/> Provide copies of missed notes from peers <input type="checkbox"/> Allow students to use online platforms (e.g. Google) to access lessons <input type="checkbox"/> Provide opportunities to get extra help <input type="checkbox"/> Limit the amount of materials on the student's desk 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide an agenda or planner to help with organization and keeping track of assignments, tests and due dates <input type="checkbox"/> Encourage the student to use "to-do" lists and checklists <input type="checkbox"/> Have the student record daily homework assignments <input type="checkbox"/> Limit the amount of homework <input type="checkbox"/> Help the student to prioritize tasks <input type="checkbox"/> Extend deadlines for assignments <input type="checkbox"/> Stop testing or evaluating the student until appropriate <input type="checkbox"/> Provide extra time (as needed) for assessments and evaluations <input type="checkbox"/> Offer an alternate, quiet workspace for test taking or assignment completion <input type="checkbox"/> Allow the student to use fact sheets on tests <input type="checkbox"/> Offer the option of multiple-choice and open-book tests (rather than short answer or essay) <input type="checkbox"/> Provide options for completing assignments (e.g. oral vs. written responses) <input type="checkbox"/> Weight the assessments differently

The content provided in this table has been adapted from the [York Region District School Board](#) and [Nationwide Children's Hospital](#).

Note:

Not all students will require all of the above classroom supports. The classroom supports that the student needs will depend on their symptoms and what supports enable them to participate in school-based activities.

Make a list of supports you think will work best in your classroom and try them out! Meet with other teachers to share strategies. Student populations and school resources vary, and so strategies developed specific to the local school and student context are important for successful return-to-school management.



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Helpful Links:

- Centers for Disease Control (CDC):
 - [HEADS UP to Schools: Teachers, Counselors, and School Professionals](#)
 - [Returning to School After a Concussion: A Fact Sheet for School Professionals](#)
- Concussion Awareness Training Tool (CATT):
 - [Return to School Tool](#)
 - [Student Return to Learn Plan](#)
- Ontario Physical Health Education Association:
 - [Concussion Protocol and Tools](#)
- [Parachute Canada: Concussion protocol resources for schools](#)
- [Nationwide Children's Hospital: An Educator's Guide to Concussions in the Classroom](#)



For more information on returning to all activities including school, check out these resources:

- [Concussion & Students](#)
- [Consensus statement on concussion in sport: The 5th international conference on concussion in sport held in Berlin, October 2016](#)
- [Parachute Canada: Canadian Guideline on Concussion in Sport](#)

Note:

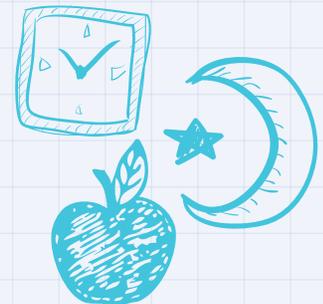
Where applicable, a school team meeting may be held to discuss the identification and implementation of classroom supports for each student. Steps may be taken to develop and implement an informal individualized education plan if necessary.



As a **Concussion Champion**, encourage your student with concussion to:

- get sleep
- conserve their energy
- take time for a break
- eat healthy

The '[Concussion & You](#)' [Handbook](#) created by the Concussion Centre at Holland Bloorview Kids Rehabilitation Hospital provides some great strategies and tools that might help your student recover from their concussion.



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Figure 1. Tool for return-to-school post-concussion

Return to School		This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Timelines and activities may vary by direction of a health care professional.					
AT HOME			AT SCHOOL				
STAGE 1:	STAGE 2:		STAGE 3:	STAGE 4:	STAGE 5:	STAGE 6:	
<p>Physical & cognitive rest</p> <ul style="list-style-type: none"> Basic board games, crafts, talk on phone Activities that do not increase heart rate or break a sweat <p>Limit/Avoid:</p> <ul style="list-style-type: none"> Computer, TV, texting, video games, reading <p>No:</p> <ul style="list-style-type: none"> School work Sports Work Driving until cleared by a health care professional 	<p>Start with light cognitive activity:</p> <p>Gradually increase cognitive activity up to 30 min. Take frequent breaks.</p> <p>Prior activities plus:</p> <ul style="list-style-type: none"> Reading, TV, drawing Limited peer contact and social networking <p>Contact school to create Return to School plan.</p>	<p>When light cognitive activity is tolerated:</p> <p>Introduce school work.</p> <p>Prior activities plus:</p> <ul style="list-style-type: none"> School work as per Return to School plan <p>Communicate with school on student's progression.</p>	<p>Back to school part-time</p> <p>Part-time school with maximum accommodations.</p> <p>Prior activities plus:</p> <ul style="list-style-type: none"> School work at school as per Return to School plan <p>No:</p> <ul style="list-style-type: none"> P.E., physical activity at lunch/recess, homework, testing, sports, assemblies, field trips <p>Communicate with school on student's progression.</p>	<p>Part-time school</p> <p>Increase school time with moderate accommodations.</p> <p>Prior activities plus:</p> <ul style="list-style-type: none"> Increase time at school Decrease accommodations Homework – up to 30 min./day Classroom testing with adaptations <p>No:</p> <ul style="list-style-type: none"> P.E., physical activity at lunch/recess, sports, standardized testing <p>Communicate with school on student's progression.</p>	<p>Full-time school</p> <p>Full days at school, minimal accommodations.</p> <p>Prior activities plus:</p> <ul style="list-style-type: none"> Start to eliminate accommodations Increase homework to 60 min./day Limit routine testing to one test per day with adaptations <p>No:</p> <ul style="list-style-type: none"> P.E., physical activity at lunch/recess, sports, standardized testing 	<p>Full-time school</p> <p>Full days at school, no learning accommodations.</p> <ul style="list-style-type: none"> Attend all classes All homework Full extracurricular involvement All testing <p>No:</p> <ul style="list-style-type: none"> full participation in P.E. or sports until Return to Sport protocol completed and written medical clearance provided 	
Rest	Gradually add cognitive activity including school work at home		School work only at school	Increase school work, introduce homework, decrease learning accommodations	Work up to full days at school, minimal learning accommodations	Full academic load	
When symptoms start to improve OR after resting for 2 days max, BEGIN STAGE 2	Tolerates 30 min. of cognitive activity, introduce school work at home	Tolerates 60 min. of school work in two 30 min. intervals, BEGIN STAGE 3	Tolerates 120 min. of cognitive activity in 30-45 min. intervals, BEGIN STAGE 4	Tolerates 240 min. of cognitive activity in 45-60 min. intervals, BEGIN STAGE 5	Tolerates school full-time with no learning accommodations BEGIN STAGE 6	<i>Return to School</i> protocol completed; focus on RETURN TO SPORT	

Note: A student is tolerating an activity if symptoms are not exacerbated.

www.cattonline.com

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Adapted from the Return to Learn protocol by G.F. Strong School Program (Vancouver School Board), Adolescent and Young Adult Program, G.F. Strong Rehabilitation Centre.



CONCUSSION AWARENESS TRAINING TOOL



Try this

Need some tools to help you plan the return-to-school process?

Check out these tools:

- [CATT: Student Return to Learn Plan](#)
- [Nationwide Children's Hospital: Educator's Guide to Concussion in the Classroom](#)



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Student assessment
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Concussion policy/protocol:
Does your school have one?

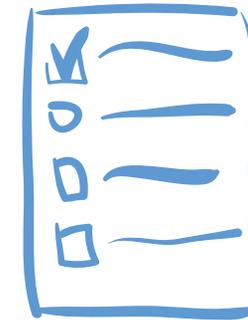
Student assessment and evaluation

As a **Concussion Champion**, it is important to recognize that a different approach may be needed to support students with their assessment and evaluation post-concussion. While the principal (or designate) leads the team collaboration and confirms the approach to be taken, here are some points for you to consider in supporting a student's assessment after their concussion:



- Prioritize the student's return to full academic participation before full athletic participation
- Recognize that the student is returning to full-time current studies while also catching up on missed work
- Collaborate with the student, parent(s), teacher(s) and administrator(s) to determine reasonable expectations
- Determine what alternative formats to assessment and evaluation are possible and what evidence needs to be demonstrated (conversation, observation or product) to meet the overall expectation
- Develop a schedule or calendar outlining incomplete work/assessments to help create a transparent team strategy
- Monitor the student during their re-introduction to assessment and re-evaluate the plan as needed
- Coordinate a school team meeting (if needed) to discuss workload, support and accommodations
- Request medical documentation (if appropriate) to support more extensive accommodations
- Provide letters of mitigating circumstance for post-secondary applicants

$$y = mx + b$$



WATCH THIS!

Video resource:

Listen to Maddy talk about how she received accommodations for her concussion during exam time

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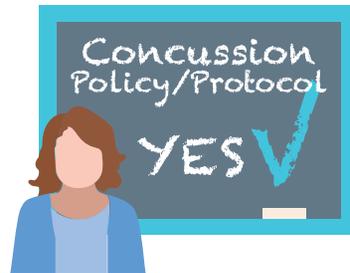
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Concussion policy/protocol: Does your school have one?

Many schools are being mandated to develop, maintain and implement concussion policies. Concussion policies provide guiding principles that inform decision making regarding concussion practices in the school. These guiding principles are implemented as a protocol. Protocols identify what to do when a student has a concussion, when these steps should be taken and who can help.



Use this flow chart to help you find out if your school or school board has a concussion policy and/or protocol.



- Become familiar with the policy/protocol and how to use it in your school context.
- Speak to others in your school that have used this policy/protocol and learn from their experiences.
- Once familiar with the policy/protocol, start using it!

Does your school have a concussion policy and/or protocol in place?



Looking for guidance on how to create a concussion policy or protocol? Here are some resources that might help:

- Parachute Canada: [Sample school board concussion policy template](#)
- Parachute Canada: [Pan-Canadian harmonized school concussion protocol template](#)



- Not sure if your school board or school has a concussion policy/protocol? Ask your principal or school administrator!



Create a supportive and concussion aware school culture

Having a school culture that is concussion aware and supportive involves putting processes in place that prioritize the needs of the student. This is essential to supporting students who have had a concussion. Everyone plays a [role](#) in helping to create a safe and supportive environment to enable students to return-to-school after a concussion.



Explore some of the ideas presented below and consider how you can help build a school environment that is concussion aware and supportive:

1. Get the right people on board

- Approach your school's principal and/or administration to work together towards a more aware and supportive school environment.
- With your principal and/or administration, identify individuals in your school who are passionate about concussion and want to help students. This could be a teacher, school coach or guidance counsellor.
- A team approach to helping students with concussion is key.
 - Take an interdisciplinary approach by engaging students, families and school personnel to help with problem solving.
 - Create a concussion committee which meets on a regular basis and whose goal is to create a concussion supportive culture. Don't forget to engage families, student peers and expertise from the healthcare community.
 - Leverage the parent and student councils to have a collaborative voice in fostering and supporting concussion management.
- Identify a [central point-person](#) within the school for the student as part of the reintegration process. Interacting with many different individuals to get the help and support they need can be stressful and confusing for the student. Having a central point-person to help them can be a good strategy.

It is important for the school principal and administration to be aware of the seriousness of concussion and to reinforce support for students. A **principal can:**

- Support the identification of a central point-person (or a group of people/committee) to take a leadership role in helping students with concussion return-to-school in a safe way
- Authorize assessment/evaluation accommodations throughout the student's recovery process



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Getting the right people on board: The role of a central point-person

A central point-person is someone who can provide reliable centralized support for students who may experience an increase in symptoms during the school day or who may need to problem solve and strategize about workload and team communication. Whether it be the guidance counsellor, an administrator or a homeroom teacher, it is good to have someone who can monitor the student closely and check-in with them. Identifying a central point-person within the school for the student as part of the reintegration process is a strategy that can be very helpful. As a **Concussion Champion**, you might be that central point-person or help to identify who that person is for the student.



A central point-person:

- Meets with the student on their first day back to school from their concussion
- Connects with the student's teacher(s) on a regular basis to provide and receive updates. Communication with the student's teacher(s) may be more frequent at the beginning of the return-to-school process, with less contact needed as the student progresses
- Communicates with the student, teacher(s), families and sometimes **medical personnel** (where appropriate)
- Ensures conversations are started between the student and teachers regarding **supports** and needs
- Advocates for the student on their behalf (with other teachers, school staff, students and families)
- Helps the student self-advocate (with other teachers, school staff, students and families)



Try this

Try using this [sample email template](#) to communicate a student's concussion diagnosis and needs to other educators engaging with the student.



WATCH THIS!

Video resource:

Hear Maddy talk about the importance of her central point-person



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2. Provide education for teachers, peers and families

- When providing concussion education opportunities, it is important to identify the knowledge needs of the individuals. Education provides an opportunity for others to understand what a concussion is, recognize when someone has a concussion and how to provide the right support. Education can happen in many ways. Here are some things you can try:

Administrators, tweachers and school staff

- Invite a concussion expert from a local university, hospital or medical clinic to the school to deliver an education session. This could take place on a professional development (PD) day or at a monthly staff meeting.
- Provide education sessions. This could involve inviting a concussion expert to offer a modified education session or providing a link to a concussion education webinar.
- Explore existing online training tools made for school professionals (e.g. CATT: [Concussion Toolkit for School Professionals](#)).

Student peers

- Reach out to department heads (e.g. Health and Physical Education) to determine if there are any curriculum links where concussion information can be covered and/or shared.
- Have a student assembly at the beginning of the school year. Bring in a concussion expert to speak at the assembly.
- Place concussion information on the school website.
- Have students create projects with a focus on concussion.
- Use the school's social media outlets such as Twitter or Facebook to share concussion information.
- Create a concussion resource board or information corner in the school library or guidance centre.
- Create a student committee dedicated to raising concussion awareness throughout the school.

Families

- Host an information evening/Town Hall meeting.
- Invite a concussion expert to provide education.
- Highlight concussion information and facts using the school's family focused communication tools (e.g. Facebook).
- Place concussion information on the school website and let families know where to find it.

Try this

Here are some sample lesson plans you can try to build concussion into your curriculum:

- [Kids Health in the classroom](#) (grades 3-5; grades 6-8; grades 9-12)

Try using [OPHEA and Parachute's concussion awareness checklist](#) to help plan and track the delivery of education and resources





3. Engage and empower teachers and staff

- Teachers are critical facilitators and evaluators of student reintegration. They observe students on a daily basis, check-in informally with students about workload and symptoms, and often meet with the appropriate members of the student support team to discuss and plan for appropriate school activity and [supports](#) for the student throughout their recovery after a concussion.
- It is important for teachers to have access to ongoing concussion education opportunities. This will allow them to:
 - engage in ongoing professional learning to help strengthen their role as a **Concussion Champion**
 - share their knowledge with students to help them become more aware of what it means to have a concussion and the impact on life
 - integrate their concussion knowledge into curriculum across grades and subject areas
- Designing and implementing appropriate teaching and assessment strategies that correspond with students' stage of concussion recovery is essential and will foster a supported reintegration process.
- Collaborating and communicating is key to ensuring school team support and coordination.
- Using a **strengths-based** approach to guide conversations can empower teachers and staff to optimally support students following a concussion.



What is a strengths-based approach?

Strengths-based approaches focus on an individual's strengths rather than deficits. Emphasis is placed on looking for solutions and resources, and focusing on what is working rather than what needs to be 'fixed' or what is not working.²





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Supporting students' return-to-school: The role of solution-focused coaching

A concussion is an evolving injury. Regular conversations with the student can be useful. A student might not be able to articulate their thoughts, feelings or needs, or practically speak with teachers or administrators on a daily basis. Using a [strengths-based approach](#) to having conversations with the student can be helpful. One strengths-based approach is solution-focused coaching.

In a [solution-focused coaching conversation](#), the student is supported to think about what they want (rather than what they don't want), what is working (rather than what is not working), what they can do (rather than what they can't do), and what ideas they already have for how to make things better. ⁸

Solution-focused coaching can be helpful for teachers supporting students returning to school after their concussion because it is:

Individualized



Students are supported to find solutions and strategies that work for them. Although there are many commonalities among students who are returning to school after a concussion, each student will have different symptoms, unique family and school circumstances, their own preferences, and thoughts and feelings on what is important to them.

Empowering



Students are supported to identify their own solutions and take ownership of their own successes.

Possibility-oriented



Students with concussion already know what they can't do, and thinking and talking about that can be disheartening. Solution-focused coaching supports students to identify what they can do, which can help students feel hopeful and optimistic.





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Remember

While connecting with a student on a daily basis is ideal, it may not be practical and can vary from individual to individual. Modify these approaches as appropriate and make all conversations with the student meaningful and useful.

Try this

Think about using some of these solution-focused coaching tips as you help your student reintegrate back into school



1

Ask questions about what the student wants rather than what they don't want

- "What are your best hopes for your return-to-school?"
- "What would make today a manageable day?"

2

Ask questions about what has worked for the student in the past

- "Think back to a recent time when things felt a bit more manageable. What were you or others doing that helped make it manageable?"
- "You had a good day yesterday. What did you or others do to make it a good day?"

3

Use powerful compliments that amplify the student's strengths, resources and ideas

- "I am so impressed at how hard you have been trying. It tells me you are mature and take your education 'seriously'."
- "Wow, it sounds like your brother is a really important support person for you..."
- "That was a great idea you had about sitting up front in math class."

4

Ask questions that pull out details of how students and others have helped

- "How did you do that?"
- "What did your mom do that was helpful?"

5

Ask questions that highlight how the student is coping, despite their difficulties

- "Considering what you're dealing with, what keeps you strong?"
- "How have you been managing?"



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Not sure how to get the conversation started using solution-focused coaching?

Here is a sample conversation you can try:

Elements of a solution-focused coaching conversation

Example of the solution-focused coaching conversation

Contracting: The teacher and student agree on what to talk about based on the student's priorities.

The student can express what is important to them; the teacher and student have an agreed-upon starting point for their conversation.

Teacher: So, what's going to be most helpful for you today?

Student: I'm having a hard time focusing in class. It's loud and I get headaches and I can't pay attention so I just want to put my head down and then I miss what you are talking about.

Teacher: So if we came up with some strategies to help you focus, would that be helpful?

Student: Sure.

Exploring the preferred future: The teacher asks questions to support the student to think about what will be different when things are better.

The student generates their own vision of what they want to be different, based on what's important to them. This makes it easier to see that positive change is possible.

Teacher: Suppose tomorrow you had a good day and you were able to focus in class, what would be different?

Student: I would know what you were talking about, so I wouldn't be so confused.

Teacher: And what difference would that make?

Student: I wouldn't feel so behind or so frustrated all the time.

Teacher: What would you be feeling instead?

Student: I don't know. I guess calm and on top of my work.

Teacher: Who else would notice a difference?

Student: Maybe my parents.

Teacher: What would they notice?

Student: That I can stay at school longer and that I don't come home and just crash in my room all afternoon.

Teacher: What else?

Student: I wouldn't be getting upset and feeling overwhelmed with school.



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Elements of a solution-focused coaching conversation

Exploring precursors:

The teacher asks questions to support the student to identify past successes, when things were already a bit closer to what they want.

The student identifies their existing strengths, resources and ideas.

Ideas and strategies that have worked in the past begin to emerge.

Example of the solution-focused coaching conversation

Teacher: Think back to a recent time when you were feeling a little more calm and on top of your work. What was happening then?

Student: Last week wasn't too bad. I actually paid attention in English and got my work done.

Teacher: Wow! How did you do that?

Student: It wasn't as loud in class that day, so it wasn't too overwhelming.

Teacher: Let's say on a scale from 10 to 1, where 10 is you're doing really well and 1 is the opposite, where are you now?

Student: I'm at about a 3.

Teacher: How did you get to be a 3 and not lower?

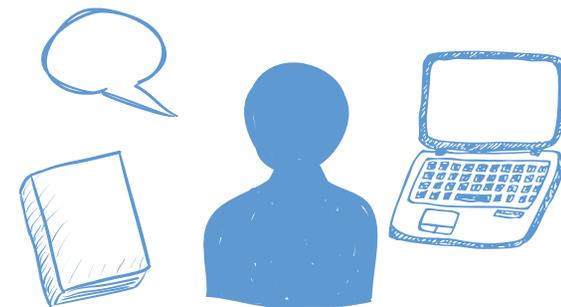
Student: It's been helpful that some teachers let me go to the library if I need some quiet.

Teacher: What else helps you be a 3?

Student: Sitting in the front row closer to the teacher so that I can focus more in class.

Teacher: Good. I'm glad that's helping. What else?

Student: Knowing I can have extra time for tests and homework takes some of the pressure off.





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Elements of a solution-focused coaching conversation

Progress clues: The teacher asks questions that support the student to think about small, realistic steps that will get them closer to what they want.

The student and teacher start to develop a plan that is tailored to their situation.

Example of the solution-focused coaching conversation

Teacher: And what would be different if you were one point higher on that scale?

Student: Maybe I wouldn't get so many headaches each day.

Teacher: Ok. Tell me about times when you don't have headaches.

Student: I don't usually get a headache in math.

Teacher: What's different about math?

Student: The teacher is strict, so people are pretty quiet.

Teacher: What else will be happening when you're one point higher on the scale?

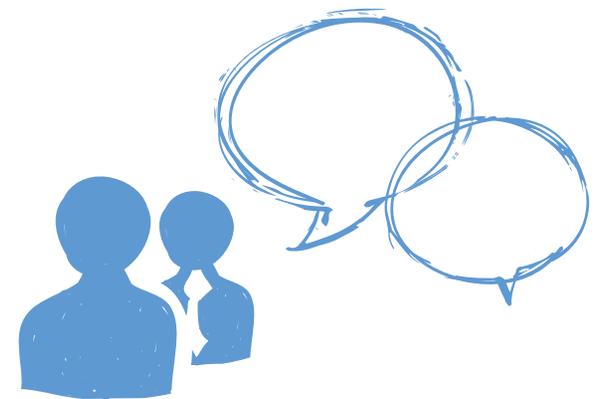
Student: I could concentrate for maybe 10 or 15 minutes in a row when the teacher is doing a lesson before I needed a break. Ummm... I could write a short paragraph answer for social studies again, especially if the room is quiet or if I'm in the library.

Teacher: So it sounds like being able to do your work in a quiet room is helpful?

Student: Yeah.

Teacher: Would it be helpful if I arranged for you to be able to work in the library when you need to?

Student: Yeah, that would be helpful.





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Try this

Scaling questions

Scaling questions are useful to get a sense of what someone is already doing to help themselves, and what could be helpful in supporting them to feel even better. Scaling questions have 3 parts to them:

- Ask where the student is at now, on a scale from 1 to 10, where 10 is they are doing really well and 1 is the opposite;
- Ask how they got there – what are they or others doing that helped get them to that number; and
- Ask what would be happening if they were one number higher on the scale



Teacher: Let's say on a scale from 1 to 10, where 10 is you're doing really well and 1 is the opposite, where are you now?

Student: I'm at about a 3.

Teacher: How did you get to be a 3 and not lower?

Student: It's been helpful that I can go to the library if I need some quiet.

Teacher: What else helps you be a 3?

Student: Sitting in the front row closer to the teacher so that I can focus more in class.

Teacher: Good. I'm glad that's helping. What else?

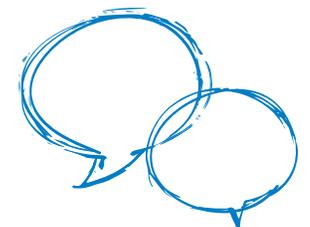
Student: Knowing I can have extra time for tests and homework takes some of the pressure off.

Teacher: Good. What would help you be one step higher on the scale?

Student: Not all the teachers let me change seats or give me extra time. If they would let me do this stuff too then I wouldn't already have a headache by the time I got to English.

Note:

Here you can see how scaling questions were able to draw out current successful strategies for this student (e.g. going to the library, changing seats, having extra time for tests and homework). The questions were also able to draw out ideas for new areas where change could be helpful (e.g. teachers working together to consistently provide the accommodations required for success).





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Example: Bill Crothers Secondary School

When the doors of [Bill Crothers Secondary School](#) – a unique publicly-funded sport-focused high school in York Region – opened in September 2007, the teachers and administrators recognized that a lot of students were experiencing concussions.

There are approximately 1,500 students at Bill Crothers S.S. and as part of their application to the school, all must demonstrate a connection to sport. Youth play on sports teams at school as well as outside school, and so they have a much higher incidence of concussion. More than 100 students are medically diagnosed with concussions each year, and the number being reported is growing.

In 2007, not all students would report their concussions because there was no formal process or protocol in place. Then-principal Becky Green, and head of Guidance and Career education, Pauline King-Taylor, looked at each other and said, “How are we going to handle all these concussions?” So they started a committee to develop their own local school concussion protocol.

Becky Green is now a superintendent in the York Region District School Board (YRDSB), as well as a passionate concussion champion. As Bill Crothers S.S. Principal at the time, Becky involved the school with a research study led by Dr. James Carson, to examine how teachers and administrators could accommodate school reintegration and learning so kids could participate without

aggravating their symptoms. The committee recognized that students recovering from concussion faced physical, cognitive and emotional challenges – these were not well-understood or visible, but students needed to be supported and accommodated.

The committee created a concussion protocol, based on research guidelines and best practice. The Bill Crothers S.S. “Green Folder” established team communication regarding student progression, accommodations required and collaborative communication to support students in crisis (whether they needed to wear sunglasses in class or not look at a computer screen, etc.).

The Bill Crothers S.S. concussion protocol was so impressive and successful that it was later adapted into a board-wide protocol for all YRDSB schools to follow.





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What is the Green Folder?

The Green Folder incorporates a package of documents and a series of steps (see below) to help youth return-to-school after a concussion.

Green Folder documents:

“Recognizing and monitoring symptoms during concussion recovery”

- Resource for students and parents to self-monitor a concussion. Lists and explains physical, cognitive and emotional symptoms.

“Student tracking for concussion management protocol”

- Medical professional signs to say that a concussion has been diagnosed; parent signs to say they understand their child is on concussion management protocol; eventually medical professional signs to say the student is no longer experiencing concussion symptoms.

“Return-to-learn protocol”

- Explains the stages of recovery and what to do at each stage and when to return-to-school. Medical signature to return-to-school.

“Return-to-physical activity protocol”

- Lists and explains the stages of concussion and when to do what. Medical signature to return to physical activity without restriction.

“Guidelines for students during the concussion management protocol of concussion recovery”

- Chart explaining what to do at each stage for students, parents and teachers.

“Summary of in-school accommodations for students recovering from concussion”

- Lists checkboxes for accommodations the student may require in their environment, physical activity, instruction, assessment and evaluation.

Green Folder process:

Step 1: Upon return-to-school, the student goes to the guidance office to report that they have a concussion (or the parent calls the school).

Step 2: The student’s guidance counsellor sends out an email to all of the student’s teachers and coach to say the student is following the concussion protocol, which means no testing and the need to set reasonable goals and deadlines based on the student’s stage of recovery.

Step 3: Becomes a conversation between the student, parent(s) and teacher(s) about what they can do. The goal is to get students back to full academic workload, including assignments and tests, without aggravating their symptoms. Students often fall behind, but the key is that teachers understand this, are flexible about deadlines, and once the student is ready, teachers are accommodating by giving the student time to catch up. Teachers have to exercise professional judgment and collaborate with the team.

Step 4: Medical sign-off for return-to-school and return-to-play. The student needs a doctor to sign the medical forms in the Green Folder to say the student is ready to return-to-school and sport.

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What has changed since the Green Folder protocol started?

"Before the protocol, kids just tried to struggle through and they couldn't advocate for themselves," says King-Taylor. "Teachers and parents didn't have the knowledge. The mentality was 'tough it out' and get through it."

"Sometimes parents wouldn't even call the school to report their child's concussion. They would tell their kid to take a couple of days off then get back to school for fear of falling behind." Even with the protocol in place, Bill Crothers S.S. staff still deal with very anxious parents who worry about their child missing school and they need to convince them to keep them home. "We have kids coming into the guidance office who have headaches, don't feel well and just want to put their heads down on the table. Then we have to call the parents to come and get them," says King-Taylor. Students can't return-to-school until they are at Stage 4 of the protocol and can do 20 minutes of homework on their own without aggravating their symptoms.

Understanding the signs and symptoms of concussion is a new and evolving area of knowledge for students, parents, teachers and coaches. Gaps in any area of the team can lead to aggravation of symptoms. Initial rest and then appropriate activity progression leads to optimal recovery patterns.

Returning to school

When kids do come back to school, it may only be for half days initially before starting back fulltime. Concussed kids can go into the guidance office for a break at school because it's quiet. "I have a student right now who spends her photography class in guidance because the class is noisy and aggravates her symptoms," says King-Taylor. The student is currently excused from that class, but eventually she will have to go back and work with the teacher to figure out what she missed. "The teacher will have to re-work some things, maybe remove some assignments and make something else worth more. There are all sorts of ways that teachers can use their professional judgement to ensure the curriculum expectations of a course are met," says King-Taylor.



Example

A specific example in History might be substituting a writing assignment with a photo essay. This reduces the cognitive load as well as time in front of a screen and keyboard.

Another substitution for this could also be an oral test instead of a written test. The oral test is not a regurgitation of knowledge, rather an exploration of the understanding of the concept from the student's perspective.

Daraius Bharucha
Head,
Department of History

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Accommodating students when they return

Bill Crothers S.S. students often spend their weeknights at practice and their weekends at tournaments, so teachers and administrators always had to be more flexible and accommodating with students getting their school work done. Because they were already accommodating for sport, when they realized they also needed to accommodate for concussion, they were already open to the idea.

“Media makes people more aware of concussion but in terms of really dealing with it, how would a math teacher accommodate? Or a history teacher? With our departments, we have all the other teachers who you can ask ‘Have you ever dealt with a concussed student in your class?’ The majority of them are saying yes. Whereas in other schools, it may not be the same frequency so they really have to think about, ‘How would I accommodate? Or what would I do?’ Whereas here, it’s ‘Oh yeah, well this is what I’ve done. I’ve changed this assignment to do this or that.’”

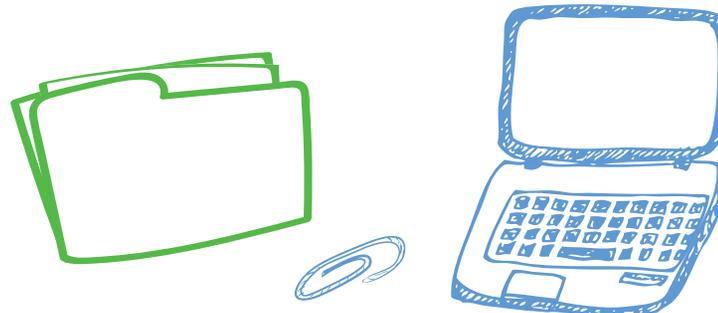
“If you know that the student can’t look at a screen or do research, you just have to think outside the box and think ‘How can I still have the student work on this but in a way that isn’t going to aggravate the symptoms?’” says King-Taylor.

“You really have to know what aggravates or what they shouldn’t be doing. The key base knowledge is really important. I always give the simple example of, you can’t read the book but you can listen to the book – get it on audiobooks so you can still participate in class.”

What is the ultimate goal of the Green Folder program?

The ultimate goal is to support students as they manage their concussion, without falling behind or having to extend their time in school.

“It’s still a work in progress. We’re not done. We’re still trying to make things better. Even in the way that we might handle a certain case, I think we’re getting a bit better with each case we handle,” says King-Taylor.



$$y = mx + b$$

Example

Accommodations that we have used in Mathematics (after student is cleared for testing):

1. Small, quiet setting, with limited lighting.
2. Chunking of tests – same content, but the test may be broken up into 2 or 3 parts and written over 2-3 days (at times, we even break it up by content to minimize the amount of strain – for example: graphing on one day ... solving on another ... word problems on another)
3. Free to take breaks while writing the tests.
4. If there is a unit with lots of formulas, we allow them a sheet of formulas.
5. Extended timelines for tests/assignments.

Bill Cheung
Head,
Department of Mathematics

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Know your role in facilitating and enabling successful return-to-school for students after a concussion

School board, Principals, In-school committees and teams

Teachers and school staff, Before and after school care providers, Family

Student peers

Healthcare professionals

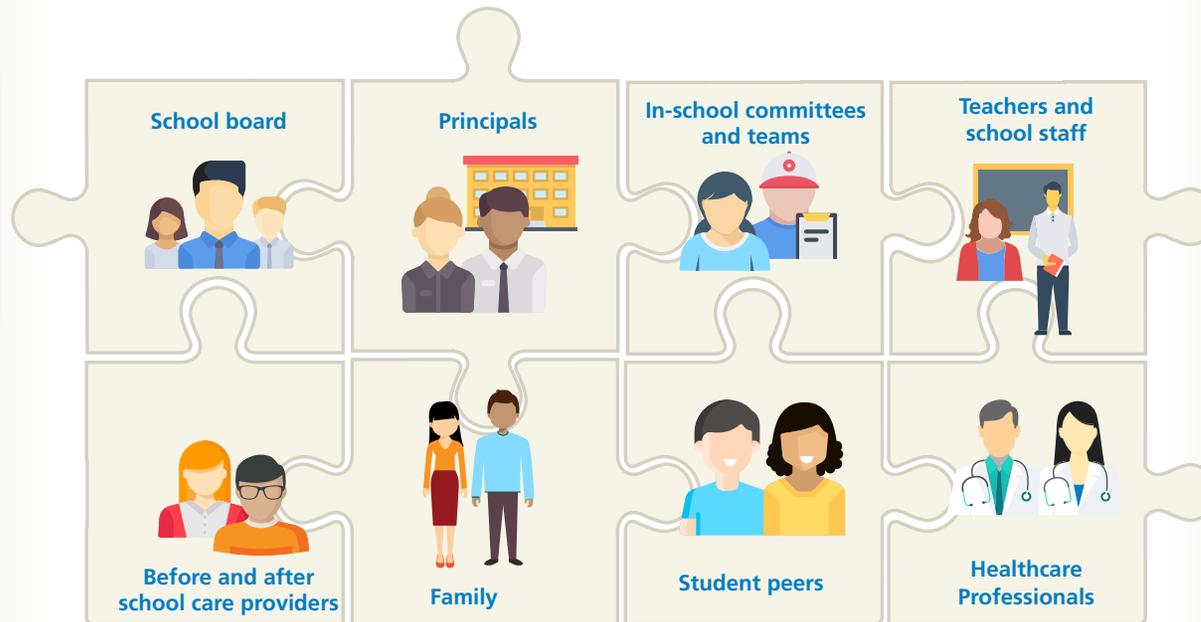


Know your role in facilitating and enabling successful return-to-school for students after a concussion

There are many different individuals who can be a **Concussion Champion** and help students return-to-school after a concussion. These individuals can include the school board staff, administrators (e.g. principals), teachers, families, student peers and healthcare professionals. It is important for you to be aware of what you and others can do to be a **Concussion Champion**.



The puzzle illustrates some of the different individuals who can be a **Concussion Champion**:



Review this list to see what your role is and what you can do to be a **Concussion Champion**. Know and understand the roles of others around you so you can work together to optimally support youth returning to school following a concussion.

Remember

Do not let a student or peer return to play if they have or think they have a concussion. Instead, encourage them to tell a trusted adult and get medical help.

Read this

To learn more about your role and the role of others, read [Parachute Canada's 'Know your role' resource](#)

* The education system roles have been adapted from the York Region District School Boards Board's Procedure #662.10 Concussion Management document.





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Know your role in facilitating and enabling successful return-to-school for students after a concussion

School board, Principals, In-school committees and teams

Teachers and school staff, Before and after school care providers, Family

Student peers

Healthcare professionals

School board



- Lead and support the development and implementation of concussion management and return-to-school [policies](#) and protocols
- Identify staff and provide resources to support concussion management and return-to-school initiatives
- Promote communication between the School Board and individual schools to ensure consistency when implementing concussion [policies](#) and protocols
- Provide professional development training opportunities to ensure that everyone understands concussion [policies](#) and protocols
- Support opportunities for research initiatives that will help to foster [policy](#) and protocol development, implementation and evaluation

- Share information about the concussion management and reintegration [policies](#) and protocols with all school staff, families, students and before and after school program providers at the beginning of the school year
- Provide ongoing opportunities for concussion education
- Support staff in pursuing further professional development opportunities such as attending concussion conferences and workshops
- Ensure that proper action is taken and [policies](#) and protocols are followed if a student has a concussion
- Maintain a file for the student that captures the student's information, details of their concussion and other relevant information
- Schedule and participate in an in-school team meeting to identify accommodations required for the student and ensure that the student and family participates in the meeting

Principals



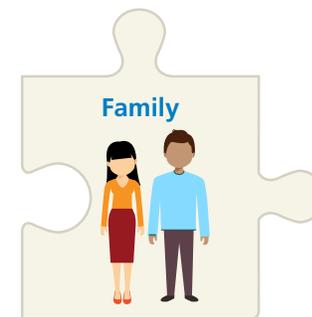
In-school committees and teams



- Determine the needs of the student and the required supports. Consider input from the family; recommendations from the physician or nurse practitioner; the student's academic, social and mental well-being; concussion symptoms and the concussion [policy](#)
- Share the summary of required [supports](#) with the appropriate individuals and keep a copy in the student's file
- Work with the student and family to come up with an [assessment and evaluation](#) plan
- Communicate the outcome of the in-school team meeting with the family and student
- Have follow-up meeting(s) as required if the needs of the student changes or if new information is provided
- Access school boards' social work and psychology resources (as needed) to support the well-being of the student and family



- Participate in concussion management training
- Take appropriate action (as outlined by the school's protocol) if a student is suspected to have a concussion (e.g. student supervised until picked up a family member)
- Take appropriate action (as outlined by the school's protocol) if a student is diagnosed with a concussion
- If a physician or nurse practitioner has indicated that a student does not have a concussion, allow the student to resume regular learning and physical activities
- Know and understand:
 - strategies to minimize the risk of concussion
 - [signs and symptoms](#) of concussion
 - steps to follow if a student is suspected to have a concussion
 - concussion management policies and protocols for guiding the students' return-to-school and physical activity after a diagnosed concussion
- Only a physician or nurse practitioner can diagnose a concussion



- Inform the school if their child has a concussion or is experiencing symptoms of a concussion
- If their child has a suspected concussion:
 - know that the child will be removed from physical activity even if the student states that they are feeling better
 - arrange to pick up the child
 - understand that their child should be examined by a physician or nurse practitioner as soon as possible and that the school's concussion management protocol should be completed
- Understand that their child should rest and be monitored for 24-48 hours, as signs and symptoms may take hours or days to appear
- Communicate with the school team as much as possible. Share medical updates, determine appropriate school [supports](#) and share observations throughout the recovery process
- Understand that if no concussion is diagnosed, the student may resume regular learning and physical activities unless symptoms reappear
- Know that the student will follow the concussion management protocol as outlined by the school

- Be aware of the concussion management [policy](#) and protocol
- Take appropriate action if a student is suspected or diagnosed with a concussion



The role of student peers: How to help your student be a good friend to a peer with a concussion



Student peers can also be a **Concussion Champion** and help with reintegrating a friend with a concussion back into school. Support students by sharing these important points with them:



Student peers

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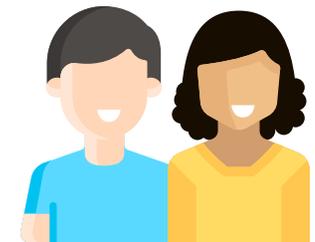


- Encourage your peer to tell their school office and/or coach if they have or think they have a concussion. It is important for them to stop doing their activity and seek medical attention immediately. Waiting to seek help can prolong their recovery process and continuing to participate in sports/risky activities may put a student at risk for a second concussion which may damage their brain more.

- Help to educate other students and school staff about concussion. A student who has a concussion can appear normal to their student peers and teacher(s). People may not believe they have symptoms when they really do. It is hard for others to understand that your friend with a concussion can only do quiet activities or may need some special accommodations to help them to start to get better.
- Sometimes bullying can happen, especially when other school peers don't understand what a concussion is, the recovery process or why special accommodations are needed. Bullying is not okay and be sure to tell an adult and/or teacher if bullying is taking place.



- Reassure and support your friend throughout their recovery process. Experiencing a concussion and going through the recovery process can be difficult and challenging. They may feel isolated, nervous or scared. Having support and reassurance from their peers at school can make a big difference.



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Know your role in facilitating and enabling successful return-to-school for students after a concussion

School board, Principals, In-school committees and teams

Teachers and school staff, Before and after school care providers, Family

Student peers

Healthcare professionals

The role of healthcare professionals in helping a student return-to-school

It is important for you to know and understand the role of healthcare professionals and how you can work with them to help a student with concussion. Here are some things you should know:



1 Build your knowledge

- It is important for healthcare professionals to lead a team-communication approach to provide the best outcomes in the shortest time possible for a student with a concussion.

- The student needs to have an official diagnosis of a concussion from a medical doctor or nurse practitioner. It is beneficial to seek medical care from someone who has experience in working with youth with concussion. These healthcare professionals diagnose a concussion by asking the student about their injury and symptoms, combined with other medical assessments.

- Healthcare professionals should provide education to the student and family, complete return-to-school and play paperwork, and provide any additional information to support the student upon their return-to-school. Concepts of rest and how to return-to-school and activity in a gradual fashion are key.

- A complete return-to-school must happen before returning to play, sports or risky activities where another concussion could take place. The school principal should be advised that the student has a temporary disability and cannot do all the things they were able to do in the way they could normally until symptoms have improved. At this point, the healthcare professionals may request appropriate [supports](#) to be made for the student at school so that return-to-school happens safely. Work with the student, family and healthcare professionals to adjust supports to meet the student's abilities during their recovery.

Try this Are you a healthcare professional looking for a way to communicate with the student's educator about their concussion diagnosis, needs or medical clearance? Try these templates:

- [medical assessment letter](#)
- [medical clearance letter](#)

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By using the information provided, you and others in the education system can:



Build your knowledge



Create a supportive and concussion aware school culture



Know your role in facilitating and enabling successful return-to-school for students after a concussion

Use the [planning tool](#) to reflect on how you can be a **Concussion Champion** and how you will apply the information, tools and resources provided to your daily practices in your school board, school or classroom. In doing so, you can support successful return-to-school for youth after a concussion.

Together, we can help youth impacted by concussion do the things they need, want and love to do.



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CONCUSSION CHAMPION PLANNING TOOL

Print and complete this planning tool at the beginning of each semester. Make a list under each heading of what steps you will take to be a kids **Concussion Champion**.



1 I will build my concussion knowledge by:

2 I can help create a supportive and concussion aware school culture by:

3 My role in helping students to return-to-school after concussion is to:



TOOL DEVELOPMENT PROCESS AND INFORMATION

SCHOOLFirst development

The SCHOOLFirst tool was developed by an interdisciplinary team and in consultation with key stakeholders with experience in supporting students to reintegrate and return-to-school after a concussion. The development process involved the following steps:

Qualitative research study

- A qualitative research study of school staff, students, families and healthcare professionals who have engaged in a post-concussion return-to-school process was conducted.
- Semi-structured interviews with teachers, students, family members and healthcare professionals were completed to gain insight into individual experiences with the return-to-school process.
- Interview data were synthesized and analyzed to generate themes.
- These themes acted as principles for which the content and design of this tool were based.

Information

- Evidence in pediatric concussion and on concussion management, specifically how to optimize the return-to-school process, is evolving.
- To build this tool, we:
 - reviewed evidence in the form of consensus statements and clinical practice guidelines
 - leveraged the expert opinion and collective experiences of healthcare professionals, knowledge translation experts, and teachers with experience in concussion and the return-to-school process

Stakeholder review

- Feedback from targeted stakeholders with expertise in concussion and return-to-school was obtained to ensure that different perspectives were captured and that the tool would meet user needs.

An integrated knowledge translation approach⁹ was taken to develop the SCHOOLFirst tool. This involved engaging multiple stakeholders throughout the different phases of the work to ensure that the user's (education community) needs were being met. The stakeholders helped to inform the content, organization and build of this tool, resulting in a multimodal (i.e. video, text, images, links to resources, case studies, tools) product that is truly user-driven and user-focused.

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SCHOOLFirst contributors

The SCHOOLFirst tool was jointly produced by researchers, healthcare professionals, knowledge translation experts, school administrators and staff, family members and youth. The team would like to thank and acknowledge the York Region District School Board for their collaboration. The team would like to recognize the following individuals for their contributions to the co-creation of this tool: Laura Thompson (Occupational Therapist, Holland Bloorview Kids Rehabilitation Hospital, Toronto, ON), Sarah Keenan (Life Skills Coach, Holland Bloorview Kids Rehabilitation Hospital, Toronto, ON), Kasandra Tinoco (student), Dr. Sari Kraft (Sport Medicine Physician, Sports Medicine Specialists, Toronto, ON), Maddy Hearne (Holland Bloorview Ambassador, Holland Bloorview Kids Rehabilitation Hospital, Toronto, ON).

SCHOOLFirst information

Conflict of interest declaration

Members of the SCHOOLFirst development team (NR, CP, BC) have authored some of the resources that are linked out to in this document. These resources are available to the public at no cost. The other contributors have no conflict of interest to declare.

Funding

The SCHOOLFirst tool was funded by the Public Health Agency of Canada.

How to cite this document

Provvidenza, C., Greenspoon, D., Carson, J., Csenge, B., Karim, A., King-Taylor, P., Cogliano, A., Cowle, S., Fuselli, P. and Reed, N. (2019). SCHOOLFirst: Enabling successful return-to-school for Canadian youth following a concussion. Holland Bloorview Kids Rehabilitation Hospital. Toronto: ON.

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User consideration

SCHOOLFirst is a compilation of information and resources to assist the education community in supporting students with the reintegration and return-to-school after a concussion. This tool was developed to assist the education community with ‘how’ to support students with concussion when returning to school. While great effort has been made to ensure the accuracy and currency of the content of the SCHOOLFirst tool at the time of its publication, the completeness or accuracy of the information cannot be guaranteed. Many of the resources and research reach different conclusions; in particular, the stages of recovery differ across authors and groups who have published in this field. The reader may see different recommendations used because the field of pediatric concussion is young, growing and not yet standardized. As such, the education community are required to exercise their own judgment in using and applying the information in the SCHOOLFirst tool, and must consider the individual student’s needs, relevant circumstances and local school context when using the information.

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

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Holland Bloorview

Holland Bloorview Kids Rehabilitation Hospital is Canada’s largest children’s rehabilitation hospital dedicated to improving the lives of children with disability. As a fully affiliated hospital with the University of Toronto, we are home to the Bloorview Research Institute and the Teaching and Learning Institute, allowing us to conduct transformational research and train the next generation of experts in childhood disability. For more information please visit www.hollandbloorview.ca

Parachute

Parachute is Canada’s national charity dedicated to reducing the devastating impact of preventable injuries. Unintentional injury is the No. 1 killer of Canadians aged 1 – 34, where one child dies every nine hours. The financial toll is staggering, with injury costing the Canadian economy \$27 billion a year. Through education and advocacy, Parachute is working to save lives and create a Canada free of serious injuries.

Public Health Agency of Canada

The Public Health Agency of Canada empowers Canadians to improve their health. In partnership with others, its activities focus on preventing disease and injuries, promoting good physical and mental health, and providing information to support informed decision making. It values scientific excellence and provides national leadership in response to public health threats.

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