



# Concussion Resources for School Professionals





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The Concussion Awareness Training Tool (CATT) is a series of online educational modules and resources with the goal of standardizing concussion recognition, diagnosis, treatment, and management. Good concussion management may decrease the risk of brain damage and potentially reduce long-term health issues.

Developed by Dr. Shelina Babul, Associate Director/Sports Injury Specialist with the BC Injury Research and Prevention Unit, BC Children's Hospital, and Clinical Associate Professor, Department of Pediatrics, University of British Columbia, CATT is based upon the established principles of the Consensus Statement on Concussion in Sport and other evidence-based resources. The 2017 Berlin Concussion in Sport Group Consensus Statement builds on the principles outlined in previous concussion statements and aims to develop better understanding of sport-related concussion.

Research and evidence on concussions is evolving and the knowledge base is continually changing. As a result, this website is updated on a regular basis to provide current information, tools, and resources to support concussion recognition, diagnosis, treatment, and management.

[cattonline.com](http://cattonline.com)

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# What You Need to Know About Concussion

This information sheet provides a brief overview on the appropriate care for an individual with a concussion. It outlines the three key steps in dealing with concussion to assist recovery from this injury: recognize, respond, and manage. Visit [cattonline.com](http://cattonline.com) for further information, resources, or to take one of the e-learning courses tailored for medical professionals, workers & workplaces, coaches, school professionals, and parents & caregivers.

## Recognize

A concussion is the most common form of brain injury caused by an impact or forceful motion to the head or body that causes the brain to move inside the skull. Common causes of concussion include **falls, motor vehicle crashes, and sport and recreational-related activities**.

There is no way to know for certain whether a particular event will lead to a concussion—a relatively minor impact may result in a concussion while a higher-magnitude impact may not. It is important to note that if there is a history of concussion, even a minor impact or forceful motion can cause a concussion.

The **signs** (observed in individual) **and symptoms** (experienced by individual) consistent with concussion may include, but are not limited to:

- Headaches
- Neck pain
- Dizziness or loss of balance
- Nausea
- Blurred vision or seeing “stars”
- Sensitivity to light or sound
- Ringing in the ears
- Confusion or fogginess

Some symptoms may be **delayed for hours or days** after an injury and can include:

- Frustration or irritability
- Concentration or memory issues
- Sadness
- Anxiety or nervousness
- Fatigue
- Trouble sleeping

Concussion signs to watch for in an **infant or toddler** may include:

- Crankiness and irritability (beyond their usual)
- Cannot be comforted or excessive crying
- Sudden changes in nursing, eating, sleeping or playing patterns
- Loss of balance, unsteady walking (more so than normal)
- Lack of interest in favourite toys or activities
- Listlessness or tiring easily
- Loss of ability to carry on with newly acquired skills (across any social and emotional, language, physical development domains)

## Respond

### Immediately:










Following a potential concussion-causing event, the individual should be removed from activity and assessed for a **medical emergency**.

If any of the **Red Flags** are present, call 911 or seek immediate medical care.

Next steps if not a medical emergency:

- Do not leave the individual alone
- Notify an emergency contact person
- Continue to monitor for Red Flags and signs and symptoms of concussion
- Do not let the individual return to their activity
- Do not give the individual any immediate medication
- Do not let the individual leave by themselves
- Do not let the individual drive or ride a bike

### RED FLAGS

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

### Within 48 hours:

The individual should be monitored before assuming that a concussion has not occurred, including monitoring throughout the night following the initial injury. Do not wake the individual unless you have concerns about their breathing, changes in skin colour, or how they are sleeping. Call 911 or seek immediate medical care if the individual is slow to wake or shows any of the **Red Flags**.

- If any signs or symptoms are present, seek medical attention from a licensed medical professional such as a physician or nurse practitioner.
- If no signs or symptoms appear, the individual can return to normal activity while being monitored for several days. If no signs or symptoms appear, chances are that a concussion was not sustained. If unsure, see a medical professional for guidance.

## Manage

A concussion can have a significant impact on physical, cognitive, and emotional functioning. The recovery process involves managing activities in order to not trigger or worsen symptoms—the key is finding the “sweet spot” between doing too much and too little.

The recovery process is best approached in collaboration with key individuals, such as medical professionals, family members, friends, employers, teachers and school staff, and coaches.

### Within 48 hours:

**The first and most important step in recovery from a concussion is to rest for a maximum of 2 days.** The individual will need both physical and cognitive rest in order to allow the brain to heal.

### After 48 hours:

- Physical exertion should be limited to activities that do not result in an increased heart rate or breaking a sweat. Restrict: physically strenuous work, exercise, sports, running, biking, rough play, etc.
- Cognitive activity should be limited, minimizing activities that require concentration and learning. Restrict: work or schoolwork, reading, electronics (computers, smartphones, video games, TV), musical instruments, loud music, etc.

Once symptoms start to improve, the individual should begin to increase activities in a step-wise process to return to regular levels of activity, including work, school, and sports.

Symptoms should decrease over time, but some symptoms may return, worsen, or new symptoms may appear as new activity levels are introduced. If this happens, return to a lower level of activity that does not affect or bring on new symptoms. If you are worried that the individual is not improving, follow-up with a licensed medical professional, such as a physician or nurse practitioner.

**On average, it typically takes 2 to 4 weeks to recover from concussion.** However, 15 to 30 percent will continue to experience persistent symptoms beyond this period. Persistent symptoms have the potential to cause long-term difficulties. If there is no improvement or symptoms are worsening 4-12 weeks after a concussion, physician referral to an interdisciplinary clinic is recommended.

The recovery period may be influenced by:

- Previous concussions
- History of headaches or migraines
- Learning disabilities
- Mental health issues
- ADHD
- Use of drugs or alcohol
- Returning to activities too soon
- Lack of family or social supports
- Participating in high-risk sport

Proper management of a concussion can reduce the risk of complications. It is important that the individual has successfully returned to work or school before fully returning to sport and physical recreation activities. Returning to full activity too soon may result in more severe symptoms or long-term problems. As well, returning to high risk activities (contact sports, dangerous job duties) before full recovery and medical clearance can put the individual at risk of sustaining another concussion with more severe symptoms and a longer recovery period.

#### REMEMBER:

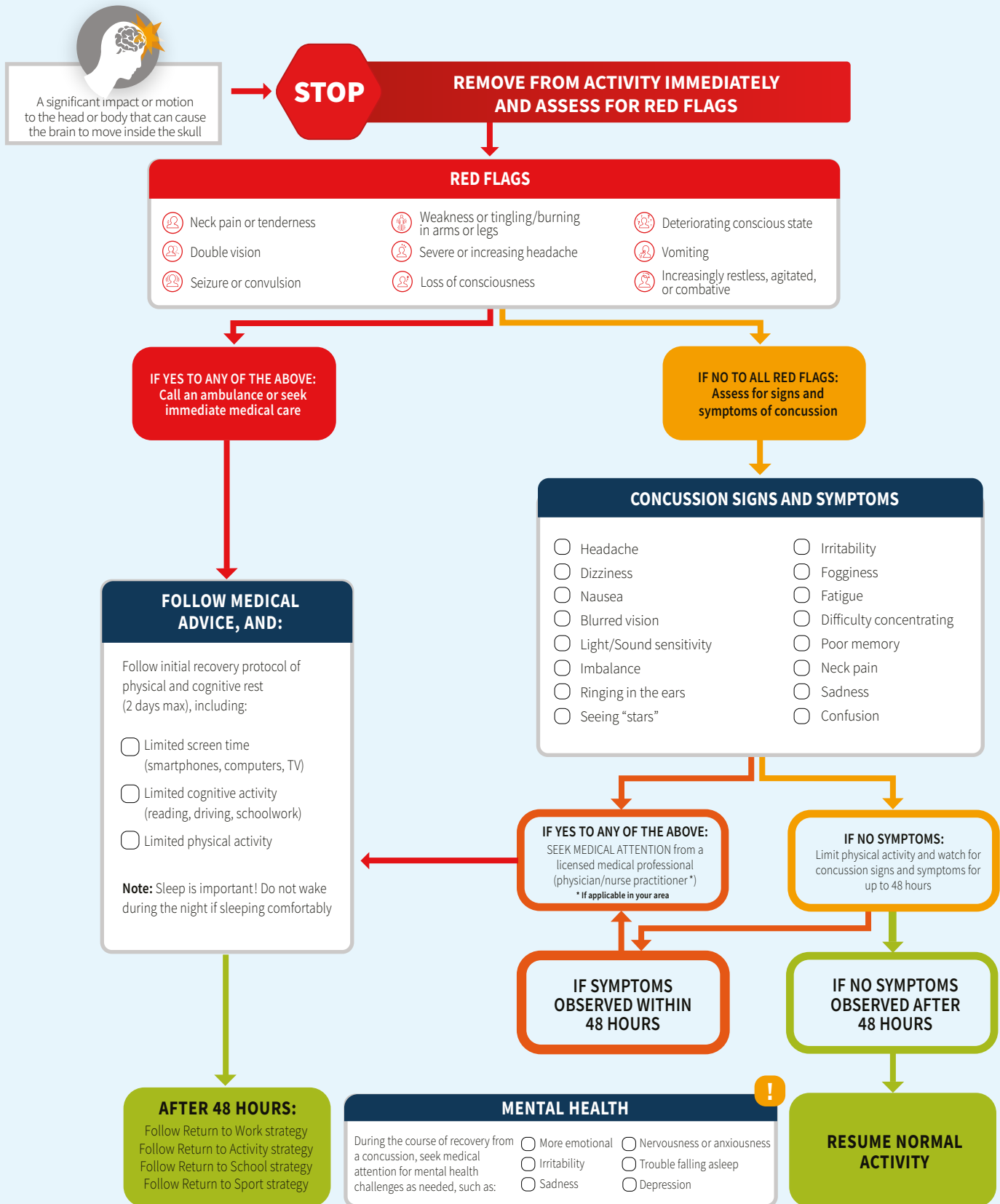
**Recovery is a fluctuating process. The individual can be doing well one day but not the next.**

#### REMEMBER:

**CATT resources to support the recovery process include:**

- Return to Work
- Return to Activity
- Return to School
- Return to Sport

# CATT Concussion Pathway





# CONCUSSION INCIDENT REPORT

Follow the steps on the CATT Concussion Pathway, then document the incident below.

This incident form was completed by:

NAME:	ORGANIZATION:
CONTACT INFORMATION:	DATE (DD/MM/YYYY):
<div>Did you witness the event?<div>Yes</div><div>No</div></div>	<div>Please indicate who you are completing this report for; who will receive this incident report? Please check all that apply:</div> <div><div>Injured person</div><div>Supervisor/Employer</div><div>Emergency contact</div><div>Teacher/School</div><div>Ambulance attendant</div><div>Coach/Sports organization</div><div>ER physician</div><div>Other (write below):</div></div>
NAME AND CONTACT OF ADDITIONAL WITNESSES:	

ABOUT THE INCIDENT

DATE OF INCIDENT (DD/MM/YYYY):	LOCATION OF INCIDENT:
TIME OF INCIDENT:	AM      PM
NAME OF INJURED PERSON:	NAME OF EMERGENCY CONTACT:
CONTACT INFO OF INJURED PERSON:	CONTACT INFO OF EMERGENCY CONTACT:

Describe the incident. Please include as much detail as possible:

Did the incident involve any of the following? Please check all that apply:

Blow to the head	Motor vehicle collision	Struck by person
Hit to the body	Fall	Sport-related
Assault	Struck by object	Other:



**What was the immediate response to the incident?**  
Please check all that apply:

Called 911  
Called emergency contact  
Performed first aid  
No response  
Other:

**What was the immediate outcome of the incident?**  
Please check all that apply:

Taken to hospital by ambulance  
Attended to by paramedics  
Left with emergency contact  
Left independently  
Returned to activity  
Other:

**Did the person exhibit any immediate signs or symptoms of concussion?**

Yes      No      Don't know

**If yes, check all that apply:**

Neck pain or tenderness	Imbalance	Light/sound sensitivity
Double Vision	Irritability	Ring in the ears
Weakness or tingling/burning in arms or legs	Poor memory	Seeing "stars"
Severe or increasing headache	Sadness	Fogginess
Seizure or convulsion	Confusion	Fatigue
Loss of consciousness	Headache	Difficulty concentrating
Deteriorating conscious state	Dizziness	Other:
Vomiting	Nausea	
Increasingly restless, agitated or combative	Blurred vision	

**To be filled out by administration only**

**Did this incident result in a concussion diagnosis?**

Yes      No      Don't know

**Could this incident have been prevented?**

Yes      No      Don't know

**Please describe any follow-up actions that have been taken (e.g., safety risk assessment):**

**Please describe how this incident could or could not have been prevented:**

**Please describe any follow-up actions that are needed (e.g., systemic actions to ensure health and safety):**



## Medical Assessment Letter

<b>Medical Office, please complete:</b>	
M.D. / N.P. Name	
Medical License #	
Email / Contact #	
Date of event / injury	
Date of assessment	

To Whom It May Concern:

Any individual who sustains a blow or impact to the head, face, neck or body and demonstrates any visual signs of concussion or reports any of the symptoms of concussion is recommended to be assessed by a licensed medical professional. Accordingly, I have personally completed a medical assessment on this patient.

Name of Patient: \_\_\_\_\_

### Results of the Medical Assessment

This patient has not been diagnosed with a concussion or other injury and can return, with full participation to work, school, or physical activities without restriction.

This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

This patient HAS been diagnosed with a concussion. *See below for concussion management protocol.*

This patient has been instructed to avoid all activities that could potentially place them at risk of another concussion or head injury, or activities with implications for the safety of others (e.g., driving, dangerous job duties, and contact sports) until a licensed physician or nurse practitioner provides a Medical Clearance Letter.

Yours Sincerely,

Signature \_\_\_\_\_ M.D / N.P. (Please circle appropriate designation)<sup>1</sup>

Stamp

<sup>1</sup> Depending upon physician or nurse practitioner access, the Medical Assessment Letter may be completed by a nurse with access to a licensed physician or nurse practitioner. Forms completed by other health care professionals (e.g., physiotherapists, chiropractors, and other allied health care professionals) should not be accepted. It is recommended that this document be provided to the patient without charge.

## Concussion Management

The goal of concussion management is to allow complete recovery through a safe and gradual return to work, school and physical activities following a staged approach. *Note: a patient's progress through the return to activity stages is unique to the individual.* After Stage 2, if new or worsening symptoms are experienced, the patient may need to return to the previous stage for 24 hours and consider reassessment by their physician/nurse practitioner. For more detailed information on management and resources, please refer to the Concussion Awareness Training Tool (CATT) at [cattonline.com](http://cattonline.com).

### Stage 1: Initial Rest

In the first 24-48 hours the patient has been instructed to have complete physical and cognitive rest prior to initiating a return to work or activity.

Not yet completed  
Completed on (dd/mm/yyyy) \_\_\_\_\_  
Time period has passed

### Stage 2: Prepare to return to activity at home

The patient can begin the return to activity process at home by undertaking brief familiar tasks until no new or worsening concussion symptoms are experienced.

Not yet completed  
Completed on (dd/mm/yyyy) \_\_\_\_\_  
Time period has passed

### Stage 3 & 4: Prepare to return to work, school, and physical activity and gradually resume daily activities

The patient can initiate a graduated return to work, school, and physical activities on a part-time basis, by increasing and gradually resuming usual activities (supported with accommodations, modifications, and restrictions as needed) as tolerated and only at a level that does not bring on new or worsening concussion symptoms.

Not yet completed  
Completed on (dd/mm/yyyy) \_\_\_\_\_  
Time period has passed

Restrictions/Accommodations	Details	Timeline

*Stage 5 & 6: Full return to work, school, and physical activities*

The patient can return with full participation to work, school, and physical activities.

Not yet completed

Completed on (dd/mm/yyyy) \_\_\_\_\_

Time period has passed

Restrictions/Accommodations	Details	Timeline

Yours Sincerely,

Signature \_\_\_\_\_ M.D / N.P. (Please circle appropriate designation)<sup>2</sup>

Stamp

<sup>2</sup> Depending upon physician or nurse practitioner access, the Medical Assessment Letter may be completed by a nurse with access to a licensed physician or nurse practitioner. Forms completed by other health care professionals (e.g., physiotherapists, chiropractors, and other allied health care professionals) should not be accepted. It is recommended that this document be provided to the patient without charge.

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

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

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.

[www.cattonline.com](http://www.cattonline.com)

# STUDENT RETURN TO LEARN PLAN



## STUDENT INFORMATION

STUDENT NAME:	HOMEROOM TEACHER:	GRADE:	INJURY DATE:
PARENT/GUARDIAN:	PHONE:	EMAIL:	
SCHOOL CONTACT:	PHONE:	EMAIL:	

## STUDENT SUPPORT SYSTEM

NAME	ROLE	CONTACT INFORMATION (PHONE/EMAIL)

## MONITORING AND EVALUATION

<b>Preferred communication with parent/guardian</b> In person                      Frequency: Student agenda Email                              Regular meetings: Phone	<b>Communication between school contact and teachers</b> In person                      Frequency: Email                              Regular meetings:
<b>Symptom reporting</b> Student self-report:                      Student monitored by: To school contact                      School contact To teacher                              Teacher In person to                              Other	<b>Academic progress measured by</b> Workload                      Length of time tolerated                      Number of courses <b>Emotional progress</b> Monitored by: In case of concerns:
<b>Comments:</b>	

# RETURN TO LEARN PLANNING TOOL

The student's individual symptoms will guide the creation of this planning document. To promote recovery within the school context, the goal is to have the student participate in an appropriate balance of cognitive activity and rest, thereby avoiding overexerting the brain to the level of worsening or reproducing symptoms.

STUDENT:	SCHOOL CONTACT:	DATE:
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Identify Student's Needs		Determine Learning Accommodations		Determine School Work
SYMPTOMS	STAGE	LEARNING ACCOMMODATIONS		SCHOOL WORK
<b>Physical:</b>	<b>STAGE 1</b> Rest at home	<b>Rest Breaks:</b>	<b>Processing Speed:</b>	<b>Attendance:</b>
Headache		Frequency:	Extra time for tasks and tests	All school days
Fatigue		Duration:	Slow down verbal information	Limited days:
Sleep disturbance	<b>STAGE 2</b> Light cognitive activity at home	Location:	Check comprehension vs. memorization	Adjusted school hours
Dizziness/lightheadedness		<b>Classroom Environment:</b>	Provide notes/notetaker	Start time:
Nausea/vomiting		Sit at front of class	<b>Mood:</b>	End time:
Light sensitivity	<b>STAGE 3</b> School part-time, max. accommodations, shortened schedule	Sit away from bright sunlight	Facilitate access to school counsellor	<b>Course Expectations:</b>
Noise sensitivity		Limit classes with noise/safety issues	Reduce stressful situations	Limited courses:
Blurred vision		Band/choir	Provide supportive feedback/reassurance	
Double vision		Wood/metalwork	Can leave class when needed	
Balance problems	<b>STAGE 4</b> Increase time at school, moderate accommodations	Other:	Facilitate avenues to express themselves	
Other physical symptoms:		Quiet work/rest space	Allow time for socialization	All courses
		Library	Set appropriate goals with student	<b>Learning Support (see page 3 for details)</b>
<b>Cognitive:</b>	<b>STAGE 5</b> School full-time, minimal accommodations	Learning Support	<b>Homework:</b>	
Poor attention/concentration		Counselling room	Limited to mins per day	<b>PHYSICAL ACTIVITY</b>
Forgetfulness/poor memory		Other:	<b>Assessment:</b>	<b>Physical Activity Permitted:</b> (provided by parent/guardian)
Slow response time		<b>General Classroom Learning:</b>	No testing	
<b>Emotional:</b>	<b>STAGE 6</b> School full-time, no learning accommodations	Reduce course/workload	Limited testing (1 test per day)	
Irritability/easily angered		Prioritize essential work	Accommodations	<b>Physical Education (P.E.):</b>
Frustration/impatience		Provide extra support/learning assistance	Extra time	No P.E.
Restlessness		Provide written instruction	Separate setting	Adapted P.E. program as per health care professional
Depression		Provide class notes	Open book	Full P.E.
Anxiety		Use agenda/online school software	Modified content	Written medical clearance provided:
<b>Pre-Existing Issues:</b>		Other:		
Prior concussion		<b>Attention/Concentration:</b>	<b>Additional Considerations:</b>	
Dates:		Limit focus time to mins	Sunglasses/blue light-blocking glasses	
Learning disability		Shorter assignments	Hat	
ADD/ADHD		Chunk information into smaller pieces	Ear plugs/noise-reducing headphones	<b>NEXT REVIEW DATE:</b>
Depression		Lighter workload	Water bottle	
Anxiety		Other:	Earbuds/headphones for music	
History of migraines		<b>Memory:</b>	Class transition before bell	
Other:		Use visual reminders and recognition cues	Restrict/limit noisy environments	
		Written instructions	Restricted recess/lunch activities	
		Use calculator	Alternative:	
		Shorter reading passages	Elevator pass	
		Chunk information into smaller pieces	Other:	
		Other:		

Continue to the next page >>

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



## LEARNING SUPPORT DETAILS

## COMMENTS

# LEARNING ACCOMMODATIONS AND MODIFICATIONS FOR STUDENTS FOLLOWING A CONCUSSION

For more information about learning accommodations, see the Resources section of the Concussion Toolkit for School Professionals.

PHYSICAL	
HEADACHES:	TIRES EASILY:
<p>Provide opportunities to ensure student stays hydrated</p> <p>Allow frequent rest breaks with equipment as needed (ear/headphones, music, relaxation tapes, etc.)</p> <p>Limit or restrict noisy classes (music, woodworking, auto mechanics, foods/home economics, etc.)</p> <p>Limit or restrict noisy environments (assemblies, cafeteria, hallways, etc.)</p> <p>Allow the use of noise-cancelling ear plugs/headphones</p> <p>Allow sunglasses/hat in classroom</p> <p>Seat student away from window</p> <p>Dim light, pull shades</p>	<p>Limit time spent doing school work</p> <p>Allow frequent rest breaks with equipment as needed (ear/headphones, music, relaxation tapes, etc.)</p> <p>Allow student to leave class/school early</p> <p>Allow student to start school later in the day</p> <p>Modify the student's attendance requirements, classes, and/or timetable</p> <p>Reduce backpack weight</p> <p>Schedule activities/subjects during student's best time of day</p>
SENSITIVE TO LIGHT:	SENSITIVE TO NOISE:
<p>Allow sunglasses/hat or blue light-blocking glasses</p> <p>Seat student away from window</p> <p>Dim light, pull shades</p> <p>Reduce exposure to computers, smart boards, videos</p> <p>Reduce brightness on screens</p>	<p>Limit or restrict noisy classes (music, woodworking, auto mechanics, foods/home economics, etc.)</p> <p>Limit or restrict noisy environments (assemblies, cafeteria, hallways, etc.)</p> <p>Provide a quiet work space (library, learning support or counselling room, etc.)</p> <p>Provide a quiet place for lunch, recess</p> <p>Allow the use of noise-cancelling earplugs/headphones</p> <p>Allow student to leave class early to avoid noisy hallways</p>
COGNITIVE	
COGNITIVE FATIGUE:	
<p>Limit time focusing on schoolwork</p> <p>No new learning</p> <p>Allow frequent rest breaks</p> <p>Reduce workload</p> <p>Decrease academic expectations</p> <p>Prioritize essential schoolwork</p> <p>Reduce repetition of work</p>	<p>Allow for extra time to complete work, tests</p> <p>Provide shorter assignments, tests</p> <p>Allow alternative forms of testing (quiet space, oral, one-to-one, open-book, technology, etc.)</p> <p>Provide smaller chunks to learn</p> <p>Chunk information into smaller pieces</p> <p>Provide audio alternative for reading</p> <p>Schedule high cognitive demand tasks to be followed by less demanding work</p>

## COGNITIVE

### DIFFICULTY CONCENTRATING:

- Provide a quiet place to work
- Limit time focusing on schoolwork
- Decrease distractions
- Work on one task at a time
- Chunk information into smaller pieces
- Allow for extra time to complete work
- Provide class notes
- Allow alternative forms of testing (quiet space, oral, one-to-one, open-book, technology, etc.)
- Provide shorter assignments, tests
- Provide or support use of assistive technology and software
- Provide extra support or learning assistance (TA, LA teacher, parent, peer, etc.)
- Allow preferential seating (front of class, away from windows, doors, other distractions, etc.)
- Limit or restrict noisy classes (music, woodworking, auto mechanics, foods/home economics, etc.)
- Limit or restrict noisy environments (assemblies, cafeteria, hallways, etc.)

### DIFFICULTY REMEMBERING:

- Provide written instructions for tasks, homework
- Use peer tutor or partner
- Check comprehension
- Provide class notes/allow class notes for testing
- Provide or support use of assistive technology and software
- Use student agenda, communication book
- Chunk information into smaller pieces
- Provide extra support or learning assistance (TA, LA teacher, parent, peer, etc.)
- Use recognition rather than recall for testing
- Use repetition
- Use visual reminders (schedules, checklists, calendars, sticky notes, etc.)
- Use visual cues (highlighting, underlining, pictures/diagrams, colour coding, etc.)
- Use memory strategies (categorizing, associations, chunking, rehearsal, mnemonics, visualization, etc.)

## EMOTIONAL

### SAD/DEPRESSED/FRUSTRATED:

- Allow time for socialization
- Listen to and validate student's concerns
- Provide reassurance
- Use proactive behaviour management to encourage healthy lifestyle
- Provide safe place for student when feeling overwhelmed

- Ensure student has ready access to support services (school counsellor, school psychologist, etc.)
- Provide extra support or learning assistance (TA, LA teacher, parent, peer, etc.)
- Provide student and parent/caregiver with mental health and substance use resources
- Schedule regular check-ins with student
- Schedule regular check-ins with parent/caregiver

### ANXIETY:

- Set appropriate goals with the student
- Allow student to leave class when needed
- Set a signal for the student when they need to leave the classroom
- Listen to and validate student's concerns
- Provide reassurance
- Provide safe space for student when feeling overwhelmed
- Ensure student has ready access to support services (school counsellor, school psychologist, etc.)
- Reduce workload

- Provide extra support or learning assistance (TA, LA teacher, parent, peer, etc.)
- Allow alternative forms of testing (quiet space, oral, one-to-one, open-book, technology, etc.)
- Decrease academic expectations
- Prioritize essential schoolwork
- Allow for extra time to complete work, tests
- Schedule regular check-ins with student
- Schedule regular check-ins with parent/caregiver



## Medical Clearance Letter

<b>Medical Office, please complete:</b>	
M.D. / N.P. Name	
Medical License #	
Email / Contact #	
Date of Clearance Letter	

<b>M.D. / N.P. / Patient please complete:</b>	
Date of Concussion	
Date of Concussion Diagnosis	
Organization/Individual Requesting Medical Clearance	

To Whom It May Concern:

Patients with a concussion should be assessed and managed by a medical professional. The goal of concussion management is to support the patient's complete recovery from concussion by promoting a safe and gradual return to activity following a staged approach. For more detailed information and resources, please refer to the Concussion Awareness Training Tool (CATT) at [cattonline.com](http://cattonline.com).

As part of the strategy, this patient had previously been instructed to avoid all activities that could potentially place them at risk of another concussion or head injury until a medical clearance letter is provided (due to organizational requirements, dangerous job duties, contact sports, etc.). This patient has explained the organizational requirements and the duties/activities they participate in, and I have personally completed a medical clearance on this patient.

Name of Patient: \_\_\_\_\_

Note that the patient's recovery is individual. After Stage 2, if new or worsening concussion symptoms are experienced the patient has been instructed to return to the previous stage of the strategy for 24 hours.

This patient can return with full participation to work, school, or physical activities **without restriction**.

This patient can return to work, school, or physical activities **with the following restriction(s)**:

Restriction(s) Physical & Cognitive	Details	Timeline

This patient can return with full participation to work, school, or physical activities **without accommodation**.

This patient can return to work, school, or physical activities **with the following accommodation(s)**:

Accommodation(s) Physical & Cognitive	Details	Timeline

Your understanding and support are critical components in this patient’s continuing recovery.

Yours Sincerely,

Signature \_\_\_\_\_ M.D / N.P. (Please circle appropriate designation)<sup>1</sup>

Stamp

<sup>1</sup> Depending upon physician or nurse practitioner access, the Medical Clearance Letter may be completed by a nurse with access to a licensed physician or nurse practitioner. Forms completed by other health care professionals (e.g., physiotherapists, chiropractors, and other allied health care professionals) should not be accepted. It is recommended that this document be provided to the patient without charge.

# Additional Resources

**CATT – Return to Sport (2017)**

<https://cattonline.com/wp-content/uploads/2017/10/CATT-Return-to-School-V11.pdf>

**Parachute – Concussion Guide for Teachers (2018)**

<http://www.parachutecanada.org/downloads/resources/Concussion-Teachers.pdf>

**SCHOOLFirst**

<https://hollandbloorview.ca/services/programs-services/concussion-centre/concussion-education/schoolfirst/english>

**US Centers for Disease Control and Prevention—HEADS UP to Schools**

<https://www.cdc.gov/headsup/schools/teachers.html>

For more information and resources on concussion, please visit [cattonline.com](https://cattonline.com).

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