



CONCUSSION AWARENESS
TRAINING TOOL

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, Director/Sports Injury Specialist with the BC Injury Research and Prevention Unit, BC Children's Hospital, and Clinical 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 2023 Amsterdam 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.

The information, including text and images of this package are intended for your information only, does not substitute professional medical advice, and is provided for educational purposes only. Always seek the advice of a physician or other qualified health care provider about any questions you may have regarding a medical condition.

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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 for further information, resources, or to take one of the e-learning courses tailored for healthcare professionals, workers & workplaces, coaches, athletes, youth, school professionals, parents & caregivers, and women's support workers (supporting survivors of intimate partner violence).

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.

The following **signs and symptoms** are consistent with concussion. Some signs and symptoms may be delayed for hours or days after an injury:

- Headache / Pressure in head
- Balance problems / Dizziness
- Nausea or vomiting
- Drowsiness
- Blurred vision
- Light / Sound sensitivity
- Fatigue or low energy
- “Don’t feel right”
- Neck pain
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like “in a fog”
- Trouble falling asleep

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
-  Seizure, 'fits', or convulsion
-  Loss of vision or double vision
-  Loss of consciousness
-  Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
-  Weakness or numbness/tingling in more than one arm or leg
-  Repeated vomiting
-  Severe or increasing headache
-  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**.

- The individual should engage in limited physical activity that does not put them at risk for a head impact.
- If any signs or symptoms are present, seek medical attention from a doctor, nurse practitioner, or licensed healthcare professional with relevant training.
- If no signs or symptoms appear within 48 hours, the individual likely does not have a concussion, and can return to normal activities.
- If unsure, seek guidance from a doctor, nurse practitioner, or licensed healthcare professional with relevant training.

Manage

A concussion can have a significant impact on physical, cognitive, and emotional functioning. The recovery process involves managing activities in order to not worsen symptoms beyond mild and brief exacerbation*—the key is finding the balance between doing too much and too little.

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

*Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.**"Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

**0-10 point symptom severity scale: Please see the [Visual Analog Scale](#) for an example of a 0-10 symptom severity scale.

Within 48 hours:

The first and most important step in recovery from a concussion is relative rest for a maximum of 24-48 hours.

The individual will need both physical and cognitive rest in order to allow the brain to heal. Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated. Screen time should be limited for the first 24-48 hours following concussion.

After 48 hours:

- Gradually increase physical and cognitive activity. Continue to increase as long as symptoms remain mild and brief. Examples: Computer work, watching TV, reading, jogging, light weight training
- Goal is to increase heart rate. Start with less demanding activities before harder ones.
- Keep naps during the day to a minimum. It is unlikely to help recovery.

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 worsen symptoms beyond mild and brief exacerbation. If you are worried that the individual is not improving, follow-up with a medical or licensed healthcare professional with relevant training.

REMEMBER:

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

On average, concussions resolve within 4 weeks. However, up to 30 percent will continue to experience persisting symptoms beyond this period. Persisting symptoms have the potential to cause long-term difficulties. If there is no improvement or symptoms are worsening 2-4 weeks after a concussion, referral to interdisciplinary care 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

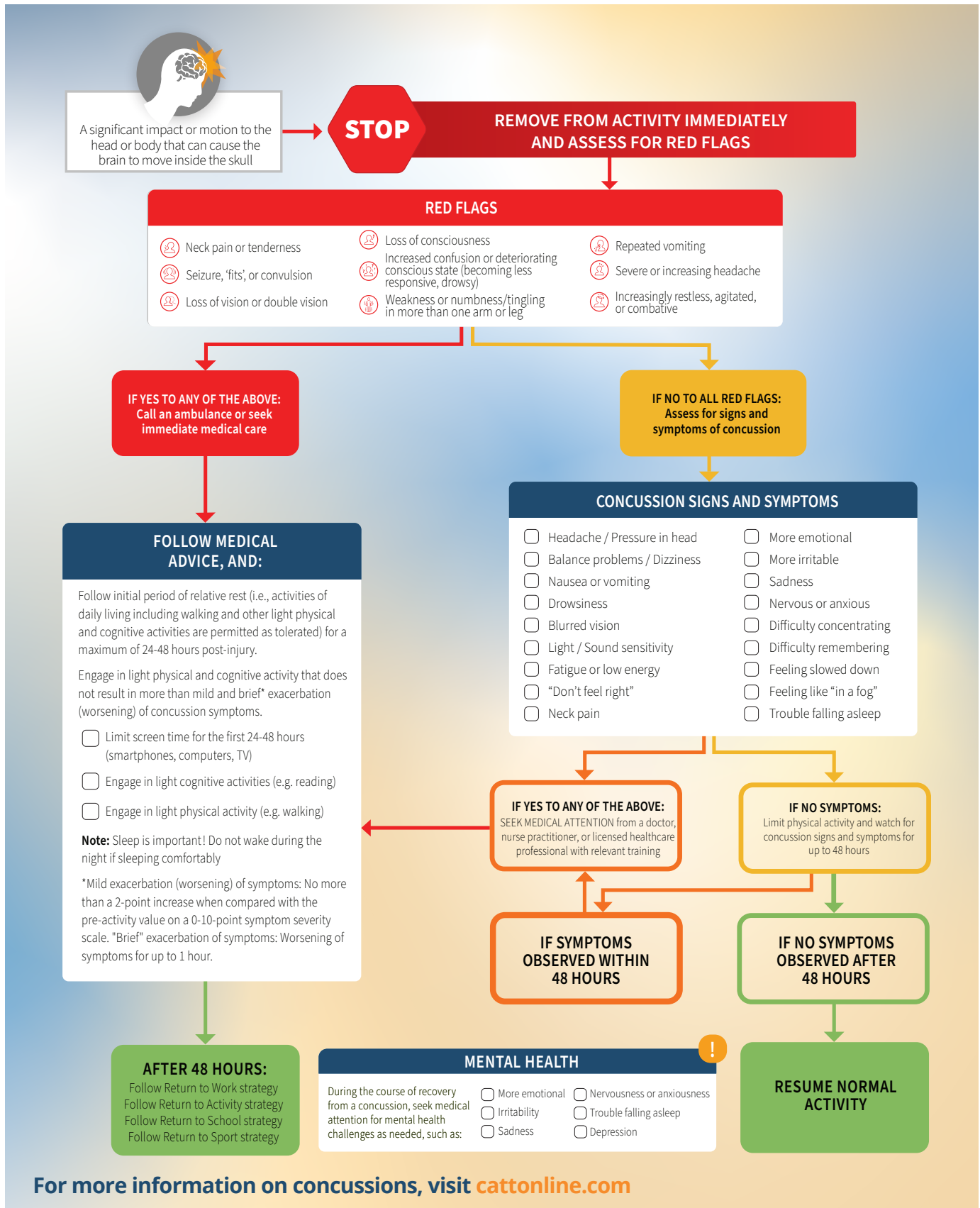
Proper management of a concussion can reduce the risk of complications. It is important that the individual has successfully returned to work or school before fully returning to sport and physical recreation activities. Returning to full activity too soon may result in more severe symptoms or long-term 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:

CATT resources to support the recovery process include:

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

CATT Concussion Pathway



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This incident form was completed by:

NAME:

CONTACT INFORMATION:

ORGANIZATION:

DATE (DD/MM/YYYY):

Did you witness the event?

Yes

No

Please indicate who you are completing this report for; who will receive this incident report? Please check all that apply:

Injured person

Emergency contact

Ambulance attendant

Healthcare professional (please specify):

Supervisor/Employer

Teacher/School

Coach/Sports organization

Other (please specify):

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	Headache / Pressure in head	More irritable
Loss of vision or double vision	Balance problems / Dizziness	Sadness
Weakness or numbness/tingling in more than one arm or leg	Nausea or vomiting	Nervous or anxious
Severe or increasing headache	Drowsiness	Difficulty concentrating
Seizure, 'fits', or convulsion	Blurred vision	Difficulty remembering
Loss of consciousness	Light / Sound sensitivity	Feeling slowed down
Increasing confusion or deteriorating conscious state (becoming less responsive, drowsy)	Fatigue or low energy	Feeling like "in a fog"
Repeated vomiting	"Don't feel right"	Trouble falling asleep
Increasingly restless, agitated or combative	More emotional	

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., policy change to ensure health and safety):



Medical Assessment Letter

Medical Office, please complete:	
Practitioner Name	
Role and License #	
Email / Contact #	
Date of event / injury	

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 doctor, nurse practitioner, or licensed healthcare professional with relevant training. 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 medical or licensed healthcare professional with relevant training provides a Medical Clearance Letter.

Yours Sincerely,

Signature _____

Stamp

--

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 step-wise approach. Note: a patient's progress through the return to activity steps is unique to the individual. After Step 2, if more than mild and brief symptom exacerbation* occurs, the patient may need to try the activity again the next day, and consider reassessment by their doctor, nurse practitioner, or licensed healthcare professional with relevant training if symptoms beyond mild and brief exacerbation persist. For more detailed guidance on step progression, please refer to the Concussion Awareness Training Tool (CATT) at cattonline.com.

Step 1: Symptom-limited activity

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

Not yet completed
Completed on (dd/mm/yyyy) _____
Time has passed

Step 2: Prepare to return to activity

The patient can begin the return to activity process at home, by increasing familiar tasks that do not result in more than mild and brief symptom exacerbation, until no new or worsening concussion symptoms are experienced.

Not yet completed
Completed on (dd/mm/yyyy) _____
Time has passed

Step 3: 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 result in more than mild and brief symptom exacerbation.

Not yet completed
Completed on (dd/mm/yyyy) _____
Time has passed

Restrictions/Accommodations	Details	Timeline

*Mild and brief symptom exacerbation: an increase in current concussion symptoms of no more than 2 points on a 0-10 point scale for less than an hour compared to the resting value prior to the activity (i.e., physical or cognitive).

**Relative rest: activities of daily living including walking and other symptom-limited physical and cognitive activities are permitted, as tolerated.

Step 4: 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 has passed

Restrictions/Accommodations	Details	Timeline

Yours Sincerely,

Signature _____

Stamp

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. Every concussion is unique, and recovery is very different for each individual. Not everyone will require a Return to School Strategy. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training. Note: For information about returning to activities that pose risk of head contact, please refer to Return to School or Return to Activity.

STEP 1:	STEP 2:	STEP 3:	STEP 4:
Activities of daily living and relative rest* - Maximum of 24-48 hours - Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms. Examples: - Preparing meals - Housework - Light walking - Minimize screen time for the first 24-48 hours following concussion. - Avoid driving during the first 24-48 hours after a concussion. Contact school to create a Return to School plan.	School activities (as tolerated) - Returning to school as soon as possible (as tolerated) is encouraged. - Reading or other cognitive activities at school or at home. Goal: Increase tolerance to cognitive work, and connect socially with peers. - Take breaks and adapt activities if concussion symptom exacerbation (worsening) is more than mild and brief.** - Use of devices with screens may be gradually resumed, as tolerated. - Clearance from your doctor is not required to return to low-risk in-person or at-home school activities. - A complete absence from the school environment for more than one week is not generally recommended. Communicate with school on student's progression	Part-time or full-time days at school with accommodations (if needed) - Gradually reintroduce schoolwork. - May require accommodations, such as: - Partial school days with access to breaks throughout the day - Academic accommodations (extra time to complete work, reduced workload) to tolerate the classroom or school environment. Communicate with school on student's progression.	Return to school full-time Return to full days at school and academic activities without requiring accommodations (related to the concussion). Note: Medical clearance is NOT required to return to school For returning to P.E. or sports, please refer to Return to Sport protocol.
Activities of daily living, as tolerated	Return to school as soon as possible, as tolerated	Gradually reduce accommodations and increase workload	Full academic load (no academic accommodations related to the concussion)
After a maximum of 24-48 hours after injury, BEGIN STEP 2	If can tolerate school activities, BEGIN STEP 3	If can tolerate full days without concussion-related accommodations, BEGIN STEP 4	Return to School completed

Students should begin a gradual increase in their cognitive load with the goal of minimizing time away from the school environment. The return to school should not be restricted if the student is tolerating full days. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation**, however, missing more than one week of school is not generally recommended. Driving should resume after consultation with a doctor, nurse practitioner, or healthcare professional.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.

Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale. *"Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

***0-10 point symptom severity scale: Please see the [Visual Analog Scale](#) for an example of a 0-10 symptom severity scale.

www.cattonline.com

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TRAINING TOOL

BC INJURY research and
prevention unit
www.injuryresearch.bc.ca

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			
Preferred communication with parent/guardian		Communication between school contact and teachers	
In person	Frequency:	In person	Frequency:
Student agenda		Email	
Email	Regular meetings:		Regular meetings:
Phone			

Symptom reporting	
Student self-report:	Student monitored by:
To school contact	School contact
To teacher	Teacher
In person to	Other

Comments:	
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RETURN TO LEARN PLANNING TOOL

The student's individual symptoms will guide the creation of this planning document. Students should begin a gradual increase in their cognitive load with the goal of minimizing time away from the school environment. The return to school should not be restricted if the student is tolerating full days. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation*; however, missing more than one week of school is not generally recommended.

STUDENT:	SCHOOL CONTACT:	DATE:
----------	-----------------	-------

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

*Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale. ** "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour. ***0-10 point symptom severity scale: Please see the [Visual Analog Scale](#) for an example of a 0-10 symptom severity scale.

LEARNING SUPPORT DETAILS

COMMENTS

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

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- Allow for extra time to complete work, tests
- Provide shorter assignments, tests
- Allow alternative forms of testing (quiet space, oral, one-to-one, open-book, technology, etc.)
- Chunk information into smaller pieces
- Provide audio alternative for reading
- Schedule high cognitive demand tasks to be followed by less demanding work
- Allow alternative submission formats (e.g. electronic vs hard copy)

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

Medical Office, please complete:	
Practitioner Name	
Role and License #	
Email / Contact #	
Date of Clearance Letter	

Practitioner / Patient please complete:	
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 doctor, nurse practitioner, or licensed healthcare professional with relevant training. 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 step-wise approach. For more detailed information and resources, please refer to the Concussion Awareness Training Tool (CATT) at 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 Step 2, if more than mild and brief symptom exacerbation* occurs, the patient may need to try the activity again the next day, and consider reassessment by their medical or licensed healthcare professional if symptoms beyond mild and brief exacerbation persist.

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

*Mild and brief symptom exacerbation: an increase of no more than 2 points on a 0-10 point scale for less than an hour when compared with the baseline value reported prior to the activity (i.e., physical or cognitive).

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 _____

Stamp

Additional Resources

CATT – Return to Sport (2023)

<https://cattonline.com/wp-content/uploads/2023/09/CATT-Return-to-Sport.pdf>

CATT – Managing Mental Health Symptoms (2023)

<https://cattonline.com/wp-content/uploads/2023/09/CATT-Managing-Mental-Health-Symptoms.pdf>

Parachute – Concussion Guide for Teachers (2018)

<https://parachute.ca/wp-content/uploads/2019/06/Concussion-Guide-for-Teachers.pdf>

SCHOOLFirst

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

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.

The Concussion Legacy Foundation Canada HelpLine supports patients and families struggling with the outcomes of brain injury. If you or a loved one are seeking guidance on how to choose the right doctor, struggling with lingering concussion symptoms, or have any other specific questions, submit a HelpLine request and a dedicated member of the Concussion Legacy Foundation Canada team will assist you:

<https://www.concussionfoundation.ca/helpline>

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]