



Concussion Prevention, Identification, and Management for Schools e-Learning Module 2025/26

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Ophea's work takes place on traditional Indigenous territories all across Ontario. We are grateful for the opportunity to meet and work on these territories and recognize the enduring presence of Indigenous Peoples on this land.

Overview

Ophea's Concussion Prevention, Identification, and Management for Schools e-Learning module was developed to increase awareness and understanding of concussion and of the methods and strategies to be used for identification and appropriate management of concussions. The module also includes strategies and resources to assist in concussion awareness, education, and prevention. This e-Learning module is intended for all school staff including educators, administrators, and support staff.

This e-Learning module aligns with the Concussion Protocol in the Ontario Physical Activity Safety Standards in Education (OPASSE) that was developed in partnership with [Parachute](#) and based on the [Canadian Guideline on Concussion in Sport, 2nd edition](#) and the [Amsterdam Consensus Statement on Concussion in Sport](#).

The Concussion Protocol is consistent with Rowan's Law and the Ontario government's Concussion Awareness Resources. The [Ministry of Education's concussion policy PPM 158](#) recognizes the [Ontario Physical Activity Safety Standards in Education's \(OPASSE\) Concussion Protocol](#) to be the minimum standard for Ontario school boards. Although it is important to be familiar with the OPASSE Concussion Protocol, educators must refer to their school board's concussion policies and procedures.

All school staff must be familiar with their school board's and/or the OPASSE Concussion Protocol because a concussion can happen anywhere, not just in physical education class or during physical activity. Depending on individual roles and responsibilities, some members of the school staff will need more in-depth training on certain areas of the Protocol in order to support a student who is recovering from concussion.

Note: When referring to students' parent(s)/guardian(s) throughout the module, this is used for students under the age of 18. When referring to medical doctors, this is used for medical doctors specifically.

Navigating the Module

This e-Learning module includes five sections.

1. Why Concussion Education Is Important
2. Initial Response, Suspected Concussion, and Necessary Action
3. Procedures for a Diagnosed Concussion: Return to School Plan
4. Concussion Prevention
5. Summative Assessment

This module takes approximately 1.5 to 2 hours to complete.

Note: This module was designed to complete at your own pace. Select “Exit Course” (in the menu) to leave at any time. Your progress will be saved.

Supporting Resources

For ease of reference throughout the module, it is recommended that participants review their school board’s concussion policies and procedures and implementation tools. The information in the [Concussion Protocol](#) in OPASSE includes sample tools that can be used to support implementation.



This “Check Policy” icon will prompt participants to consult their school board’s policy as they progress through the module.



This “New Content” icon will inform participants of new or updated information as they progress through the module.

Learning Objectives

By the end of this e-Learning module, participants will increase their awareness and understanding of the following:

- their roles and responsibilities related to a concussion and the elements of the school board policy
- the Concussion Protocol within the Ontario Physical Activity Safety Standards in Education (OPASSE) and the resources to support implementation
- the seriousness of a concussion, as well as the definition, red flags, visible clues (signs), and symptoms
- identifying and responding to a suspected concussion
- supporting students returning to school, including returning to learning and returning to physical activity after being diagnosed with a concussion
- strategies and resources to assist in concussion prevention, awareness, and education

Assessment of Learning

Throughout this e-Learning module, participants will engage in a variety of learning tasks. These include:

- **Pause and Reflect questions:** intended to support your personal reflection and connections to your professional practice as you work through the e-Learning module
- **Knowledge Check questions:** that connect the learning in each section to the Learning Objectives for the module
- **Summative questions (scenarios):** that allow you to apply your knowledge and learning to either an elementary and/or a secondary scenario

To successfully complete the e-Learning module and receive a Certificate of Completion, participants are required to respond to all Knowledge Check and Summative questions correctly.

Additional Information

Inclusion or omission of any particular resource should not be considered a recommendation or comment on the quality of the resource. No endorsement of any of the included resources by Ophea should be inferred.

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The content of this e-Learning module is provided for general information purposes only. For further information, individuals are advised to seek the advice of a physician or other health care professionals.

Funding for this e-Learning module was provided by the Government of Ontario. The views expressed in this e-Learning are those of Ophea and do not necessarily reflect the views of the Government of Ontario.

Why Concussion Education Is Important

Research demonstrates that a concussion can have a significant impact on a student—cognitively, physically, emotionally, and socially (Zemek et al., 2017). Most individuals with a concussion get better in two to four weeks, but for some, the healing process may take longer (Patricios et al., 2023). It is possible for a concussion to have long-term effects. Individuals may experience symptoms that last for months or even years—symptoms such as headaches, neck pain, or vision problems. Some individuals may even experience lasting changes in their brain that lead to issues such as memory loss, difficulty concentrating, or depression. “In rare cases, a person who suffers multiple brain injuries without healing in between may develop dangerous swelling in their brain, a condition known as second impact syndrome, that can result in severe disability or death” (Government of Ontario, 2019).

Returning to school is an important aspect of a student’s recovery from a concussion. At the same time, physical activity, academic activities, and the school environment (e.g., lights and noise) can affect a student’s concussion symptoms. Thus, it is important to develop strategies to assist students when they return to school.

Addressing correct identification and proper management of concussions can help students have a better recovery and reduce their risk of prolonged symptoms, brain damage and, in rare occasions, even death.

References

Government of Ontario. (2019). Government of Ontario Concussion Awareness Resource e-booklet: Ages 15 and up.

<https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-15-and-up>

Patricios, J. S., et al. (2023). Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport-Amsterdam, October 2022. *British journal of sports medicine*, 57(11), 695–711. [https://doi.org/10.1136/bjsports-](https://doi.org/10.1136/bjsports-2023-106898)

[2023-106898](https://doi.org/10.1136/bjsports-2023-106898)

Zemek, R. L., et al. (2017). Annual and seasonal trends in ambulatory visits for pediatric concussion in Ontario between 2003 and 2013. *The Journal of Pediatrics*, 181, 222–228. Retrieved from

<https://www.sciencedirect.com/science/article/abs/pii/S002234761631201X?via%3Dihub>

What is a Concussion?

A concussion is a traumatic brain injury that causes changes in how the brain functions, leading to visible clues (signs) and symptoms that can emerge immediately or in the hours or days after the injury (Parachute, 2024).

A concussion:

- may be caused by a jarring impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly within the skull (Parachute, 2024)
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness (Parachute, 2024)
- cannot normally be seen on X-rays, standard CT scans, or MRIs (Parachute, 2024)
- is typically expected to result in symptoms lasting up to four weeks, but in some cases, symptoms may be prolonged (Parachute, 2024; Patricios et al., 2023)

For a visual representation that illustrates how a concussion occurs, refer to [How a Concussion Occurs](#) from the Hockey Canada website.

References

Parachute. (2024). Canadian Guideline on Concussion in Sport, 2nd edition. Retrieved from <https://parachute.ca/en/professional-resource/concussion-collection/canadian-guideline-on-concussion-in-sport/>

Patricios, J. S., et al. (2023). Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport-Amsterdam, October 2022. British journal of sports medicine, 57(11), 695–711. <https://doi.org/10.1136/bjsports-2023-106898>

Diagnosing a Concussion

In Canada, only medical doctors and nurse practitioners can diagnose a concussion and provide medical clearance. In rural, remote or northern regions, a medical assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

The most current research indicates that “baseline testing is not required for post-injury care of youth athletes with suspected or diagnosed concussion and is not recommended” (Parachute, 2024).

Reference

Parachute. (2024). Canadian Guideline on Concussion in Sport, 2nd edition. Retrieved from <https://parachute.ca/en/professional-resource/concussion-collection/canadian-guideline-on-concussion-in-sport/>

Management of a Diagnosed Concussion

Other licensed health care providers (a health care provider who is licensed by a national professional regulatory body to provide concussion-related health care services that fall within their licensed scope of practice) may also play a role in the management of a diagnosed concussion. Examples include occupational therapists, physiotherapists, chiropractors, and athletic therapists.

Visible Clues and Symptoms a Student May Experience

A visible clue (sign) of a concussion is something that can be observed by another person. A symptom is something the student who may have sustained a concussion will feel or report. All school staff must be familiar with the visible clues (signs) and symptoms of a suspected concussion because a concussion can occur anywhere.

The visible clues (signs) and symptoms are divided into two categories:

- Red Flag signs and symptoms that require an immediate 911 call
- Visible clues (signs) and symptoms

Red Flag Signs and Symptoms

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

Visible Clues (Signs) and Symptoms

Visible Clues (Signs)

- dazed, blank, or vacant look
- lying motionless on the playing surface (no loss of consciousness)
- facial injury
- disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- slow to get up after a direct or indirect hit to the head
- unsteady on feet, balance problems or falling over, poor coordination, wobbly

Symptoms

- Physical Symptoms
 - balance problems, gait difficulties, motor incoordination, stumbling, slow laboured movements
 - blurred vision
 - dizziness
 - drowsiness, fatigue, and/or low energy
 - headache
 - nausea or vomiting
 - sensitivity to light and/or noise
- Changes in Emotion
 - more emotional and/or irritable
 - nervous, anxious, and/or sad
- Changes in Thinking
 - difficulty concentrating and/or remembering
 - feeling slowed down

For a complete list of red flag signs and symptoms, visible clues (signs) and symptoms, refer to the [Sample Tool to Identify a Suspected Concussion](#).

Knowledge Check

Select the most accurate response to the following question.

Which of the following could lead you to suspect a concussion?

-
- ☐ a jarring impact to the head, face, neck, or body
 - ☐ a blow to the head that may result in a loss of consciousness
 - ☐ a blow to the body which transmits an impulsive force to the head
 - ☐ all of the above
-

Knowledge Check

During a physical education class, a student collides with another during a soccer activity and falls to the ground. When the teacher approaches, the student appears confused, struggles to answer simple questions, and begins to vomit. The teacher is concerned about a potential concussion.

What are the most appropriate responses in this situation? Select all that apply.

-
- ☐ Call 911 immediately and ensure the student is not left alone.
 - ☐ Allow the student to rest in the office and monitor their symptoms.
 - ☐ Contact the student's parent(s)/guardian(s) to inform them of the incident.
 - ☐ Continue the class while another student stays with the injured student.

Identification of a Suspected Concussion

The identification of a suspected concussion component provides strategies for the following:

- initial response for school staff when a student injury occurs, and a concussion is suspected
- initial identification of a suspected concussion
- steps required following an initial check of a suspected concussion
- steps required when signs and/or symptoms are not identified, but a possible concussion event was recognized



Check school board policy for board-specific response steps.

Initial Response – Suspected Concussion

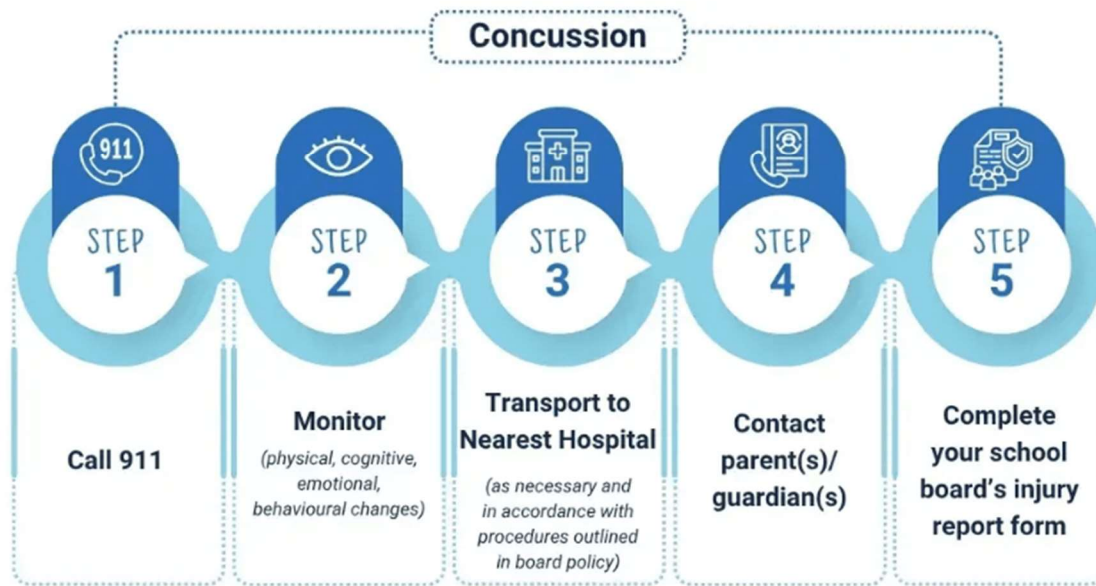
A concussion may be caused by a jarring impact to the head, face, neck, or body with an impulsive force transmitted that causes the brain to move rapidly within the skull. If a concussion-related incident is observed/reported, the individual responsible for the student must take immediate action:

- Stop the activity and remove the student from participation in physical activity.
 - The student should not return to physical activity that day even if they state that they are feeling better.
 - In some cases, the student may return to learning (depending on the presence of visible clues and/or symptoms).
- Initiate the school's Emergency First Aid Response (e.g., basic principles of first aid). Consult [Sample First Aid Emergency Response](#) for more information on OPASSE First Aid Emergency Response.
- If there has been any loss of consciousness:
 - assume there is a possible neck injury and do not move the student
 - if the student regains consciousness, encourage them to remain calm and to lie still

Procedures When Red Flags Are Present

Check for red flag signs and/or symptoms using your school board's identification tool or the [Sample Tool to Identify a Suspected Concussion](#). If any red flag signs and/or symptoms are present, follow the Red Flag Procedure.

Red Flag Procedure



The following actions must be followed when red flags are present.

Step 1: Call 911

Step 2: Monitor

**Step 3: Transport to
nearest hospital**

**Step 4: Contact
parent(s)/guardian(s)**

**Step 5: Complete your
school board's injury report
form**

Call 911.

Step 1: Call 911

Step 2: Monitor

**Step 3: Transport to
nearest hospital**

**Step 4: Contact
parent(s)/guardian(s)**

**Step 5: Complete your
school board's injury report
form**

Stay with the student until Emergency Medical Services (EMS) arrives. Monitor and document any changes (physical, cognitive, emotional/behavioural) in the student.

Step 1: Call 911

Step 2: Monitor

**Step 3: Transport to
nearest hospital**

**Step 4: Contact
parent(s)/guardian(s)**

**Step 5: Complete your
school board's injury report
form**

Transport to nearest hospital by EMS. In communities without an ambulance service, follow school board policy when transporting child to medical centre.

Step 1: Call 911

Step 2: Monitor

**Step 3: Transport to
nearest hospital**

**Step 4: Contact
parent(s)/guardian(s)**

**Step 5: Complete your
school board's injury report
form**

Contact parent(s)/guardian(s) to inform them of the incident and that EMS has been contacted and which hospital the student has been taken to.

Step 1: Call 911

Step 2: Monitor

Step 3: Transport to
nearest hospital

Step 4: Contact
parent(s)/guardian(s)

Step 5: Complete your
school board's injury report
form

Complete your school board's injury report form for documentation and tracking procedures for students who have been removed from an activity due to a suspected concussion.

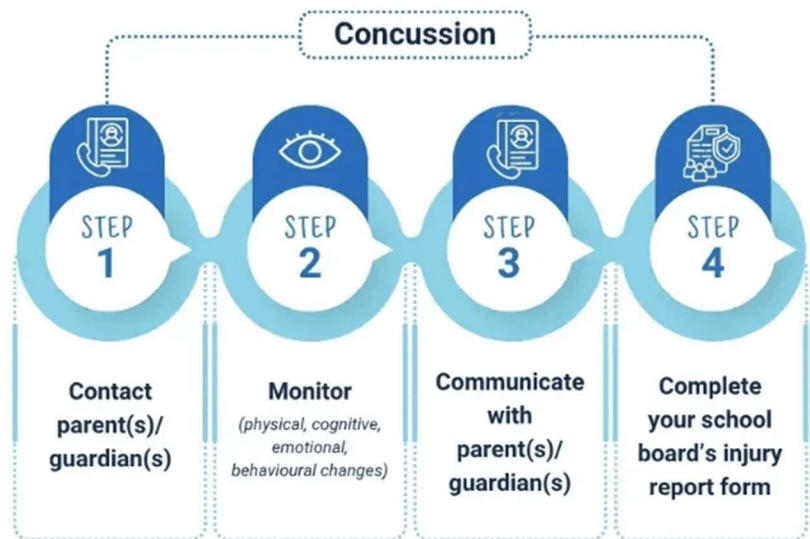
Note: Do not administer medication unless the student requires it for another medical condition (e.g., diabetes, asthma), or if directed to do so by 911/EMS.



Check school board policy for board-specific Concussion Identification Tool and/or Red Flag Procedures.

Procedures When No Red Flags Are Present

If (a) there are no red flag signs and/or symptoms and (b) the student can be safely moved, remove the student from the current activity or game. Observe and listen to the student to determine if other concussion visible clues (signs) and/or symptoms are present.



The following actions must be followed when there are visible clues (signs), symptoms, or when the student does not answer all of the Awareness/Observation question correctly:

Step 1: Contact parent(s)/guardian(s)

Step 2: Monitor

Step 3: Communicate with parent(s)/guardian(s)

Step 4: Complete your school board's injury report form

Contact parent(s)/guardian(s): to inform them of the incident, the reasons for the suspected concussion, that the student must be accompanied home by a responsible adult, and that the student must be seen by a medical doctor or nurse practitioner for a medical assessment, as soon as possible.

Step 1: Contact
parent(s)/guardian(s)

Step Step 2: Monitor

Step 3: Communicate with
parent(s)/guardian(s)

Step 4: Complete your
school board's injury report
form

Monitor student until parent(s)/guardian(s) arrive. Stay with student until parent(s)/guardian(s) arrive. Document any visible clues (signs) and/or symptoms that may appear or worsen. If red flags emerge, call 911 and follow the Red Flag Procedure. Do not administer medication unless the student requires it for another medical condition (e.g., diabetes, asthma). Ensure the student does not leave the premises without parents/guardians (or emergency contact) supervision.

Step 1: Contact
parent(s)/guardian(s)

Step Step 2: Monitor

Step 3: Communicate with
parent(s)/guardian(s)

Step 4: Complete your
school board's injury report
form

Communicate with parent(s)/guardian(s): about any changes in the student's condition and tools to support identification of a suspected concussion, and parent(s)/guardian(s) roles and responsibilities.

**Step 1: Contact
parent(s)/guardian(s)**

Step 2: Monitor

**Step 3: Communicate with
parent(s)/guardian(s)**

**Step 4: Complete your
school board's injury report
form**

Complete your school board's injury report form document and track procedures for students who have been removed from an activity due to a suspected concussion.



Check school board policy for board-specific Injury Report and/or Medical Concussion Assessment forms.

A Possible Concussion Event is Observed/Reported but No Visible Clues (Signs) and/or Symptoms are Identified

Visible clues (signs) and/or symptoms of a concussion can take hours or days to emerge.

If no visible clues (signs) and/or symptoms are observed or reported and the student correctly answers all of the Orientation/Awareness Questions but the school staff responsible for the student recognized (either observed or reported) that a possible concussion event occurred, then the following procedures must be followed.

- Contact the parent(s)/guardian(s), inform them of the incident, and provide the following information. Their child:
 - can attend school but must not return to physical activity for a minimum of 24 hours
 - needs to be monitored for delayed visible clues (signs) and/or symptoms for up to 48 hours (at school and home) since visible clues (signs) and/or symptoms may take hours or days to emerge needs a medical assessment, as soon as possible, if any visible clues (signs) or symptoms are observed or reported
 - may return to physical activity without medical clearance if after 24 hours of observation, the student has not shown or reported any visible clues (signs) and/or symptoms of concussion
- School staff who work directly with the student must be notified of the incident, so they can also monitor for visible clues (signs) and/or symptoms that might emerge.
- Consult your school board's injury report form for documentation and tracking procedures for students who have been removed from an activity due to a suspected concussion.
- The OPASSE [Sample Tool to Identify a Suspected Concussion](#) and [Sample Medical Concussion Assessment Form](#) can be used to communicate information to parent(s)/guardian(s).



Check school board policy for board-specific Tool to Identify a Suspected Concussion and/or Medical Concussion Assessment Forms.

Follow-Up for Suspected Concussion – Documentation of Medical Assessment

In all cases where a concussion is suspected, the student needs a medical assessment, as soon as possible, by a medical doctor or nurse practitioner. In rural, remote, or northern regions, a nurse may complete the medical assessment with pre-arranged access to a medical doctor or nurse practitioner.

Prior to a student with a suspected concussion returning to school, the parent(s)/guardian(s) must communicate the results of the assessment to the school principal.

The [Sample Medical Concussion Assessment Form](#) may be provided to the parent(s)/guardian(s) to document and report the results of the assessment.



Check school board policy for board-specific Medical Concussion Assessment forms.

Knowledge Check

Select the most accurate response to the question following the scenario.

Scenario A:

In a ball hockey game during physical education class, two students, Kate and Satinder, rush for the ball and collide. As Kate lunges and reaches for the ball in an attempt to shoot on goal, Kate slips and falls headfirst onto Satinder's knee. Kate collapses onto the floor, lying motionless on their side with their eyes closed. Kate does not respond when students call their name. As you approach, Kate opens their eyes. When Kate tries to sit up, they say their legs are weak and they are seeing double.

Why should Kate be suspected of having a concussion?

-
- ☐ Kate complained of weakness in legs.
 - ☐ Kate reported that they are seeing double.
 - ☐ Kate collapsed on the floor and lay motionless on their side with eyes closed, and did not respond when students called their name.
 - ☐ all of the above

Knowledge Check

Using the same Scenario A, answer the question after the scenario.

Scenario A:

In a ball hockey game during physical education class, two students, Kate and Satinder, rush for the ball and collide. As Kate lunges and reaches for the ball in an attempt to shoot on goal, Kate slips and falls headfirst onto Satinder's knee. Kate collapses onto the floor, lying motionless on their side with their eyes closed. Kate does not respond when students call their name. As you approach, Kate opens their eyes. When Kate tries to sit up, they say their legs are weak and they are seeing double.

Which steps should you follow for Kate?

-
- ☐ the Red Flag Procedure
 - ☐ the steps when other signs and/or symptoms are observed or reported
 - ☐ the steps when no concussion signs and/or symptoms are observed or reported

Knowledge Check

Select the most accurate response to the question following the scenario.

Scenario B:

During a game of tag at recess, Louis is one of the last people to be caught. Faking to one side and sprinting away, Louis turns to check that Adankwo is not following and runs into the basketball net pole. You are supervising the playground and hear the sound of Louis's head hitting the pole. Louis pauses, shakes their head, and continues playing. Worried that Louis might have a suspected concussion after such a hard collision, you go over to find out how they are doing.

After using the [Sample Tool to Identify a Suspected Concussion](#), you do not identify any visible clues (signs) and/or symptoms, and they answer all the Orientation/Awareness questions correctly.

- ☐ the Red Flag Procedure
- ☐ the steps when other signs and/or symptoms are observed or reported
- ☐ the steps when no concussion signs and/or symptoms are observed or reported

Procedures for a Diagnosed Concussion



This section has been updated to align with the Fall 2025 updates of the Concussion Protocol in the Ontario Physical Activity Safety Standards in Education (OPASSE). For more information regarding the updated Concussion Protocol, contact safety@ophea.net

Given that children and adolescents spend a significant amount of their time in the classroom, and that school attendance is vital for them to learn and socialize, full return to school should be a priority following a concussion (Davis & Purcell, 2013).

Knowledge of how to properly identify and manage a diagnosed concussion is critical in a student's recovery. It is essential in helping the student safely and gradually return to learning or physical activities and preventing further complications. Concussions can occur at school, at home, and in the community. Parent(s)/guardian(s) must know the importance of disclosing a concussion diagnosis, regardless of where it happens, to the school and other relevant organizations with which the student is involved to facilitate the effective management of a diagnosed concussion.

Ultimately, this awareness, knowledge, and communication may help contribute to the student's long-term health and academic success.

Reference

Davis, G. A., and Purcell, L. K. (2013). The evaluation and management of acute concussion differs in young children. Retrieved from <http://bjsm.bmj.com/content/early/2013/04/22/bjsports-2012-092132>

Return to School Plan

A concussion typically results in symptoms lasting two to four weeks, but symptoms may be prolonged in some cases (Parachute, 2024; Patricios et al., 2022). Cognitive or physical activities can cause a student's symptoms to worsen or reappear. Therefore, a student with a diagnosed concussion needs to follow a medically supervised, individualized, and gradual Return to School Plan.

The two main settings of a student's Return to School Plan are the home and school. The Return to School Plan is a combined approach used to support students recovering from a concussion that is comprised of both a Return to Learn (RTL) and a Return to Physical Activity (RTPA) plan. Students are monitored for worsening or return of visible clues (signs) and/or symptoms and/or deterioration of work habits or performance through each stage of the plan.

References

Patricios, J. S., et al. (2023). Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport-Amsterdam, October 2022. *British journal of sports medicine*, 57(11), 695–711. <https://doi.org/10.1136/bjsports-2023-106898>

Parachute. (2024). Canadian Guideline on Concussion in Sport, 2nd edition. Retrieved from <https://parachute.ca/en/professional-resource/concussion-collection/canadian-guideline-on-concussion-in-sport/>

School Boards' Return to School Plan

School boards must develop and implement a Return to School Plan for students who have been diagnosed with a concussion, regardless of whether the concussion was sustained at school or elsewhere.

The school board's policy, through the Return to School Plan, must:

- establish a process outlining the stages that a student is expected to follow in order to return to learning and to physical activity
- inform parent(s)/guardian(s) of the importance of sharing medical advice received related to the student's concussion diagnosis and their return to learning and physical activity
- inform parent(s)/guardian(s) of the importance of disclosing the concussion diagnosis to other organizations (e.g., community sport organizations) in which the student is involved
- require that parent(s)/guardian(s) provide confirmation of medical clearance by a medical doctor or nurse practitioner as a requirement for the student's return to full participation in physical activity

When these requirements are met, school boards can rely on the information received from parent(s)/guardian(s) in carrying out the school board's responsibilities as part of the Return to School Plan (Ontario Ministry of Education, 2019).



Check school board policy for board-specific Return to School Plans.

Reference

Ontario Ministry of Education. (2019). Policy/Program Memorandum 158 School Board Policies on Concussion. Retrieved from <https://www.ontario.ca/document/education-ontario-policy-and-program-direction/policyprogram-memorandum-158>

Documentation for Diagnosed Concussion

To document a student's progress through their Return to School Plan, use school board approved tracking tools or the [Return to School Plan: Stages 1 -3: Sample Tracker](#) and the [Return to School Plan: Stages 4-6: Sample Tracker](#).

School boards must include a process to document and track a student's progress—from the removal from an activity due to a suspected concussion, to the full return (to learn and physical activity) through graduated stages.



Check school board policy for board-specific tools to support Return to School strategies and approaches.

Return to School Plan

When the parent(s)/guardian(s) report that their child has been diagnosed with a concussion, the principal or designate communicates information about Stage 1 - Activities of Daily Living and Relative Rest, including:

- The activities for Return to Learn (RTL) and Return to Physical Activity (RTPA) are the same and take place at the same time; this stage should not take more than 1–2 days.
- Resting completely for more than two days is not suggested and a complete absence from the school environment for more than one week is not recommended.
- After Stage 1, a student should return to school as soon as they can tolerate the school environment even if they are not symptom free (this can be as early as Stage 2 and should not be later than Stage 3).
- Progression through the plan is individual, so timelines and activities will vary. When a student can tolerate the activities in one stage for 24 hours, they can move to the next stage of the plan.
- It is common and okay for a student's symptoms to return or worsen mildly and briefly as they progress through Stages 1 to 3 of RTL and RTPA as long as they do not last for more than an hour.

If a student's concussion-related symptoms return or worsen for more than an hour, the student should:

- For RTL, take a break, and the activities should be adapted.
- For RTPA, stop the activity and try again the next day at the same stage.

Note: After Stage 1, students do not have to progress through the Stages of RTL and RTPA at the same time.

Return to School Plan – Stages 1 and 2

RTL/RTPA - Stage 1

Goal: Take more rest, if needed, in first 1–2 days. Encourage gentle activity. Avoid sports.

Examples of activities at this stage:

- moving around the home and light walking
- short games/activities (e.g., puzzles, board games, drawing, crafts)
- social interaction (e.g., with family, friends)
- minimal screen time (e.g., phone, TV, computer/tablet)

RTPA - Stage 2

Goal: Increase the heart rate and gradually increase the intensity of aerobic activities and exercises that can be done individually in a predictable and controlled environment with a low risk of inadvertent head impacts.

Examples of activities at this stage:

- Gradually reintroduce light aerobic activity/exercise (as tolerated) (e.g., low impact aerobic circuits, slow to medium pace movement).
- Gradually increase the intensity of aerobic activity/exercise to moderate effort (e.g., fitness activities, walking/rolling/swimming at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably).
- Begin light resistance training (e.g., resistance bands, light weights in a controlled environment).
- Activities should be supervised/monitored by parent(s)/guardian(s), teacher, supervisor, and/or coach.
- Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.

When the student is ready to return to school, the parent(s)/guardian(s) will communicate with the principal/designate. This occurs after Stage 1 (RTL and RTPA) even if the student is not symptom free. This can be as early as Stage 2 and should not be later than Stage 3.

Return to School - Collaborative Approach

A student's Return to School Plan following a concussion should be developed through a collaborative approach. Coordinated communication among all members of this team ensures individualized supports and accommodations are in place to promote a smooth and optimal recovery. When the student is ready to return to school, the parent(s)/guardian(s) will communicate with the principal/designate. This can be as early as Stage 2 and should not be later than Stage 3, even if the student is not symptom free.

The Collaborative Team includes:

- the principal/designate
- the parent(s)/guardian(s) and student (as appropriate)
- a designated staff lead (e.g., teacher, school principal) that serves as the main point of contact between the school, the parent(s)/guardian(s), the student and other school staff, and volunteers that work with the student; the staff lead will monitor the student's progress through the RTL and RTPA plans
- members of the school staff (e.g., special education teachers, student success/guidance teachers) and volunteers (e.g., coaches)
- additional members (as appropriate)

A student concussion is a shared responsibility managed by the parent(s)/guardian(s). Processes for regular communication between the school (Collaborative Team) and sport organizations with which the student is involved and registered, as well as with consultation from the student's medical doctor or nurse practitioner and/or other licensed health care providers (e.g., nurses, physiotherapists, chiropractors, and athletic therapists), should be in place.

The role of the Collaborative Team is to help determine if the student requires strategies and/or accommodations for their RTL plan.

If the student is still experiencing concussion-related symptoms, it is important to determine the types of strategies and/or accommodations that can assist in their successful return to school (refer to school board approved resources or use the [Potential Strategies and Approaches for Students: Sample Tool](#)).

Note: the RTPA stages follow an internationally recognized graduated approach.



Check school board policy for board-specific tools to support Return to School strategies and approaches.

Return to School Plan - Stage 3

RTL - Stage 3

Goals: Continue to increase tolerance of cognitive activities and school environment. Gradual increase of time on activities and the types of activities students can participate. Gradual reduction of concussion-related accommodations.

Examples of activities at this stage:

- Continue progression of cognitive activities (e.g., schoolwork) and school environment (interacting with family and friends, exposure to noise/lighting) as tolerated.
- Continue use of screened devices (as tolerated).
- Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.

RTPA - Stage 3

Goal: Continue to increase the intensity of aerobic activities/exercise and introduce activity/sport-specific movements and changing directions.

Examples of activities at this stage:

- Add individual movement skills/sport specific activities (e.g., passing to a wall/partner, throwing/catching drills, individual sequence activities).
- Activities should be supervised/monitored by parent(s)/guardian(s), teacher, supervisor, and/or coach.
- Avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body until they are fully recovered and have been medically cleared.

Return to School Plan - Medical Clearance

A student progresses to Stage 4 when they:

- are symptom free from concussion-related symptoms at rest and at full physical exertion
- have completed the RTL Stages
- have obtained written medical clearance from a medical doctor or nurse practitioner (in rural, remote or northern regions, a nurse may complete the medical clearance with pre-arranged access to a medical doctor or nurse practitioner)



Check school board policy for board-specific Medical Concussion Clearance Form.

Return to School Plan - Stage 4

During Stages 4, 5, or 6 (after medical clearance) a student's concussion-related symptoms should not return. If they do, the student should return to RTPA - Stage 3 (e.g., avoid any activity that puts the student at risk of falling or experiencing another impact to the head, neck, or body) and be reassessed by a medical doctor or nurse practitioner.

RTL - Stage 4

Goal: Return to school without accommodations related to the concussion.

- Student returns to school full day, with minimal adaptation of learning strategies and/or approaches.
- Student assumes a nearly normal workload, being able to do homework for 60 minutes per day.
- Student is limited to one test per day.
- Student is not permitted to participate in standardized tests or exams.

RTPA - Stage 4

Goal: Adjust to usual intensity activity/exercise and add in more challenging skill progressions and multi-student activity/drills.

Examples of activities at this stage:

- Participate in all activities from Stage 3.
- Participate in components of physical activities in physical education class or intramural programs (including partner/group activities) with low-risk of body contact (e.g., multi-student passing activities/drills).
- Avoid scrimmages, gameplay, and any activity that involves body contact (e.g., checking/tackling).

Return to School Plan - Stages 5 and 6

RTPA - Stage 5

Goal: Restore gameplay confidence and physical and mental conditioning.

Examples of activities at this stage:

- Return to full participation in physical education class, non-competitive intramural activities, and interschool practices (including contact drills, scrimmages).
- Avoid competitions.

RTPA - Stage 6

- Return to all competition without restrictions.

Knowledge Check

Read the following scenario and then select the most accurate response to the question.

A student is progressing through their Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans. They are currently at RTL and RTPA Stage 3. During moderately paced individual activity in physical education class, the student begins to feel increased pressure in her head and has trouble focusing. After 15 minutes of rest, their symptoms go away.

What should school staff do?

-
- ☐ Allow the student to continue physical activity since her symptoms have resolved.
 - ☐ Stop the activity immediately and inform the appropriate school staff and parent(s)/guardian(s).
 - ☐ Have the student return to school the next day and resume activity at the next stage of the RTPA Plan.
 - ☐ Have the student try the same stage again the next day, only if her symptoms have improved and she can tolerate it.

Knowledge Check

Read the following scenario and then select the most accurate response to the question.

A student who sustained a concussion two weeks ago has been steadily progressing through his Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans. He is now at RTPA Stage 3, participating in individual sport-specific activities during physical education class without contact or risk of re-injury. He has been symptom free at school and is eager to return to full physical education participation. As his teacher, you want to ensure the student follows the correct protocol.

What steps should be taken before the student can participate in more intense physical activity beyond Stage 3?

-
- ☐ Obtain written medical clearance from a medical doctor or nurse practitioner confirming that the student is ready to move beyond Stage 3.
 - ☐ Allow the student to move to Stage 4 as long as they feel fine and are symptom free, even without medical clearance.
 - ☐ Confirm that any concussion-related symptoms are only mild and/or brief.
 - ☐ Have the student try a few of the activities in Stage 4 to see if they are ready.

Knowledge Check

Read the following scenario and then select the most accurate response to the question.

A student has successfully completed the RTL Stages and is progressing through the RTPA Stages. They desperately want to play in the school rugby tournament this weekend.

Which of the following must the student have completed to fully participate in the rugby tournament as a member of the school team?

-
- ☐ obtained a medical clearance
 - ☐ successfully completed RTPA Stage 5
 - ☐ has participated in a full contact training practice in rugby and has not exhibited or reported a return of visible clues (signs) or symptoms or any new visible clues (signs) or symptoms
 - ☐ all of the above

Your Role in Reducing the Incidence of Concussion through Prevention

"There is evidence that education about concussion leads to a reduction in the incidence of concussion and improved outcomes from concussion" (Tator, 2012).

Any time a student is involved in structured or unstructured physical activity, there is a chance of sustaining a concussion.

Reference

Tator, C. H. (2012). Sport Concussion Education and Prevention. *Journal of Clinical Sport Psychology*, 6(3), 293-301.
<https://doi.org/10.1123/jcsp.6.3.293>

Culture of Safety Mindedness

Establishing a culture of safety mindedness when students are physically active is an important element of concussion prevention. Educating parent(s)/guardian(s), students, school staff, and other individuals involved in providing students with academic, social, and physical activity opportunities within the school is a key element of this culture, as they all play a vital role in the prevention of concussion.

Concussion Awareness Resources

Due to the seriousness of a concussion, school boards have an obligation to inform school administrators, educators (including occasional teachers), school staff, students, parent(s)/guardian(s), and identified school volunteers on the facts about a concussion, along with providing approved Concussion Awareness Resources.

The Government of Ontario has developed age-appropriate Concussion Awareness Resource e-booklets that can be used.

- [Government of Ontario Concussion Awareness Resource e-booklet: Ages 10 and Under](#)
- [Government of Ontario Concussion Awareness Resource e-booklet: Ages 11–14](#)
- [Government of Ontario Concussion Awareness Resource e-booklet: Ages 15 and up](#)

Concussion Codes of Conduct

In an effort to prevent and minimize the risk of sustaining concussions at school, school boards must establish [Concussion Codes of Conduct](#) for individuals involved in school board-sponsored interschool sports (students, parent(s)/guardian(s), coaches, and team trainers). School boards must receive confirmation every school year, from all individuals, that the relevant Concussion Code of Conduct was reviewed prior to their participation.

Sample Concussion Codes of Conducts for students, coach/team trainer, and parent(s)/guardian(s) are located in the [OPASSE Concussion Section](#).



Check school board policy for board-specific Concussion Codes of Conduct.

Roles and Responsibilities: Physical Activity

When planning, teaching, and/or supervising any school-based physical activity educators must:

- Be knowledgeable and implement the safe practices included in the [Ontario Physical Activity Safety Standards in Education](#).
- Be knowledgeable about their school board's concussion prevention strategies.
- Be knowledgeable of the rules and regulations as set by the local athletic association and/or sport governing body.
- Provide students with information on concussion prevention and awareness specific to the activity prior to participating.
- Encourage students/athletes to follow rules of play and to practise fair play and respect for opponents.
- Emphasize with students the importance of informing the school staff (e.g., teacher, coach) or monitor (e.g., supervisor) of any visible clues (signs) and symptoms of a concussion and immediately removing themselves from play.
- Emphasize with students the importance of encouraging peers to report visible clues (signs) when they see them or symptoms when they hear them reported by another student.
- Provide parent(s)/guardian(s) with information on concussions and the importance of ethical fair play and respect for opponents.
- Provide the relevant Concussion Code of Conduct each year to individuals involved in school board-sponsored interschool sports and confirm that they have reviewed it prior to participation.

Empowering Students through Concussion Education

The Ontario Curriculum, [Grades 1–8 Health and Physical Education \(2019\)](#) and [Grades 9–12, Health and Physical Education \(2015\)](#), includes mandatory learning about concussions as a component of:

- Safety in the Active Living strand across Grades 1–9 and Grade 11
- Personal Safety and Injury Prevention in the Healthy Living strand in Grades 3, 8, and 11
- Health for Life Course in the Promoting Healthy Living strand in Grade 11

Another way to empower students through self-advocacy is to connect concussion education to their learning about Personal Safety and Injury Prevention within the Ontario Curriculum, Grades 1–12 Health and Physical Education (2019 and 2015).

Involving students in leadership opportunities to increase concussion awareness is an important way to empower them. This might include the following:

- Create posters to display in the gymnasium, locker room, school, or other physical activity areas.
- Create videos to play as part of a pre-season training or for parent(s)/guardian(s) and post them on the school's website.
- Create announcements to play during all school physical activity days.
- Provide concussion education to younger students within the school or at other local schools.

Ophea's [Learning About Concussions: Teacher Guide and Lesson](#) for Grades 6 and 9 include a Student Online Learning module, which is delivered through the Ministry of Education's Virtual Learning Environment (VLE). The Ministry administers access for Ontario school boards and First Nation schools/communities to the VLE, which includes a learning management system, Brightspace by D2L. Please contact your school or school board about accessing the VLE. If your school or school board does not have access to the VLE, contact the Ministry of Education to begin the process of setting up access.

Rowan's Law Day

In 2018, the Ontario government established the last Wednesday in September of each year as Rowan's Law Day. Schools might consider supporting student-led activities to recognize Rowan's Law Day and bring increased awareness and education about concussion safety to their community.

[Rowan's Law Day Toolkit for Schools](#) contains sample tools to support Rowan's Law Day at your school and to spark conversation among students, staff, and community about concussion awareness. You will find:

- information about Rowan Stringer and Rowan's Law Day
- a list of concussion awareness activities for schools
- printable posters
- ready-to-go social media posts
- additional resources

Sample Concussion Awareness, Education and Prevention Strategies

The [Sample Awareness, Education and Prevention Strategies - Teacher/Supervisor](#) and [Sample Awareness, Education and Prevention Strategies - Coach/Community Coach Liaison](#) lists several strategies that may be used by a teacher, coach, or intramural supervisor that may be effective in preventing a concussion from occurring while students are involved in physical activities.



Check school board policy for any additional prevention strategies.

Single Choice

Answer the question after the scenario.

Scenario:

During an intramural soccer game, one student pushes another in an attempt to get the ball. The first student trips on a small rock hidden by the grass in the field and falls forward, smashing their chin on the ground. As you approach, the student sits up and blood streams from the split in their chin. The student panics, gets up, and staggers toward you, almost falling again, saying they feel dizzy.

You note the student's dizziness and when you talk with the student they can't seem to remember what sport they were playing when the accident occurred.

What are the indicators of a suspected concussion identified in the scenario?

-
- ☐ the student smashed their chin on the ground
 - ☐ the student was bleeding from a split in their chin
 - ☐ the student staggered after getting up
 - ☐ the student complained about dizziness and couldn't remember what sport they were playing
 - ☐ A, C, and D

Single Choice

Using the same scenario, answer the question after the scenario.

Scenario:

During an intramural soccer game, one student pushes another in an attempt to get the ball. The first student trips on a small rock hidden by the grass in the field and falls forward, smashing their chin on the ground. As you approach, the student sits up and blood streams from the split in their chin. The student panics, gets up, and staggers toward you, almost falling again, saying they feel dizzy.

You note the student's dizziness and when you talk with the student they can't seem to remember what sport they were playing when the accident occurred.

What should be your next steps?

-
- ☐ Call 911.
 - ☐ Contacts parent(s)/guardian(s) to inform them about the incident and to come.
 - ☐ Communicate to the parent(s)/guardian(s) that the student needs to be picked up and taken for a medical assessment as soon as possible.
 - ☐ Have someone wait with the student until the parent(s)/guardian(s) arrive.
 - ☐ B, C, and D
 - ☐ all of the above

Single Choice

Select the most accurate answer to the question after the scenario.

Scenario:

A student has been diagnosed with a concussion and has completed Stage 1 for RTL and RTPA that include Activities of Daily Living and Relative Rest.

After spending two days at home at this stage, when can the student return to school?

- ☐ Not until the student successfully completes the activities from Stage 2 RTL and RTPA.
- ☐ When they complete Stage 2 RTL and RTPA and they are symptom free.
- ☐ In either Stage 2 or Stage 3 as long as the student can tolerate the school environment.
- ☐ After medical clearance.

Multiple Choice

Select all answers that apply to the question after the scenario.

Scenario:

A student is returning to school after sustaining a concussion. They are currently in RTL Stage 2, attending school for half days with frequent breaks and limited academic demands. However, they have started to report headaches after reading, difficulty concentrating in class, and feeling overwhelmed in noisy or busy environments. The teacher notices that the student is reluctant to participate in group discussions and seems withdrawn during breaks.

As a member of the school team supporting the student, you want to help them successfully progress through the RTL stages.

Which of the following strategies or accommodations would be appropriate to support this student's return to learning?

-
- ☐ Reduce visual and auditory stimulation by allowing the student to work in a quieter, low-light space.
 - ☐ Encourage the student to push through and complete all academic work to avoid falling behind.
 - ☐ Allow for extended time to complete assignments and schedule frequent rest breaks.
 - ☐ Provide alternatives to group work and opportunities for self-paced, independent learning.

Pause and Reflect

Take a moment to reflect on what you learned about concussion prevention, identification, and management, and how concussion impacts a student's ability to learn and to be physically active. Consider:

- What content most resonated with you?
- What are your next steps?
- What will you be sure to share with others about what you have learned by completing this e-Learning module?

Wrap-up

Thank you for taking the time to complete Ophea's Concussion Prevention, Identification, and Management for Schools 2025/26 e-Learning Module.

Accessing Your Certificate

To access your certificate, follow these steps:

1. Select "General" in the navigation menu above the module you just completed.
2. Select "Certificate"

You will be able to download a PDF of your certificate on this page. Note that you need to have all learning activities complete and correct to access your certificate.

Next Steps

Don't forget to sign up for [Ophea's e-Connection](#) and follow Ophea at @OpheaCanada on [X](#), [Facebook](#), and [Instagram](#) for more stories and up-to-date information about all things Health and Physical Education!

If you have any questions, please feel free to connect with Ophea by emailing professionallearning@ophea.org.