

## Suspected Concussion

at **Devonshire** or School Activity  
[Appendix C](#) - Identification Tool

Student **must seek** medical attention  
Fill out [Appendix D](#)

Teacher/Coach fills OSBIE Report  
<http://osbie.on.ca/incident-reports/>  
Hand into **Administration**

Parent must sign

Step 1

### **Community Concussion**

Parent informs school or student reports concussion

Diagnosed Concussion  
Step 1 - student must be symptom free to **return to learn**  
(*minimum 24 hrs*) All steps 24hr

Medical note required

### Return to Learn Step 2a

[Appendix E](#) - complete, signed and returned to Guidance.  
Symptoms have improved.  
Student has specialized return to learn program. **Administration** informed of students return.

Co-ordinated by Office

Step 2

### Return to Learn Step 2b

Student attends regular classes. This step occurs at same time as Step 2  
Return to Physical Activity

Co-ordinated by Office

### Return to Physical Activity 2b

\***Administration** must be informed

Step 2. Light Aerobic activity

Step 3. Light sport Specific activity

Step 4. Resistance training

Medical note required

Step 5: Full participation in non-contact activity following medical clearance.

Step 6: Full participation in contact sports

**RESOURCE** • Ontario portal:  
[www.Ontario.ca/concussions](http://www.Ontario.ca/concussions)  
OCDSB Concussion Policy PR. 561. SCO Appendix A