



SUPPORTING A STUDENT WITH CONCUSSION:

Your role as a teacher

Helping students with their concussion care and returning to school, play, sport and daily life activities requires the support of many. As a teacher, you have an important role to play! Use this information to advocate for the care and support the student may need.

CONCUSSION RECOGNITION: Identify a suspected concussion

A concussion is a brain injury caused by sudden shaking of the head. Any hit to the head, face, neck or body can cause a concussion. Concussions can happen from a fall, during a motor vehicle collision or sports, or during play at school, camp or in the neighbourhood.

 **If the student has a significant impact to the head, face, neck, or body and reports any symptoms or shows any of the visual signs of a concussion, you should suspect a concussion.**

Concussion symptoms: Symptoms describe how someone feels after they are injured. Some symptoms may not appear until the next day. Common concussion symptoms:

- Headaches or head pressure
- Blurred or fuzzy vision
- Dizziness
- Sensitivity to light or sound
- Nausea and vomiting
- Balance problems
- Easily upset or angered
- Feeling more emotional
- Nervous or anxious
- Sadness
- Sleeping more or less
- Having a hard time falling asleep
- Feeling slow, tired or having no energy
- Difficulty working on a computer
- Not thinking clearly
- Difficulty reading or remembering

Concussion signs: Signs describe how a student looks or acts when they are injured. Common concussion signs:

- Lying still on the ground or ice
- Slow to get up
- Confusion or can't answer questions
- Blank stare
- Difficulty standing or walking
- Injury to the face or holding their head

TAKE ACTION: First steps

If you think the student has a concussion:

IF IN DOUBT,
SIT THEM OUT!

- Remove them from the activity
- If the person has any 'red flag symptoms' this may indicate a more serious head or neck injury and an emergency medical assessment is required. Call an ambulance immediately.
- **RED FLAG SYMPTOMS:** severe or worsening headache, neck pain or tenderness, double vision, seizures or convulsions, loss of consciousness, increase in confusion, restlessness, agitation, or aggressive behaviours, repeated vomiting, or slurred speech. These red flag symptoms may appear immediately or within a few hours or days after injury.
- Contact the parents immediately and do not leave the student alone.
- For a suspected concussion, recommend that the student be seen by a medical doctor or nurse practitioner as soon as possible.





CONCUSSION RECOVERY:

Understand the steps involved

- First 1-2 days after concussion: Relative rest with activities of daily living.
- After this short rest, and even if the student is still experiencing concussion symptoms, they should start activities (physical and thinking) that can be tolerated, increasing the intensity gradually as part of the initial treatment for concussion.
- **Resting for more than 1-2 days can delay recovery**



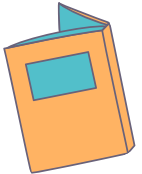
Steps for returning to school and sports or activities should happen at the same time.

It is important that the student returns to school full-time at a full academic load (i.e. writing exams without accommodations in place as a result of the concussion) before returning to full-contact sport or high-risk activities.



- Clearance from a doctor or a doctor's note is not required to return to school for in-person or at-home academic activities.
- Avoid any school-related activity with a risk of a fall or hit to the head or body that could cause another concussion (e.g. contact sports, game play) until medically cleared. A person returning to an activity where they can fall or get hit in the head too soon after a concussion may complicate the injury further and result in a longer recovery.

Return-to-School Steps:



Steps	Activity	Example
1	Activities of daily living and relative rest (max 1-2 days)	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. Minimize screentime.
2	School activities with encouragement to return to school as soon as possible (as tolerated)	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.
3	Part-time or full days at school with academic accommodations if needed	Gradual reintroduction of school work. May require partial school days with access to breaks throughout the day, or with academic accommodations to tolerate the classroom or school environment. Gradually reduce accommodations and increase workload until full days without concussion-related accommodations are tolerated.
4	Return-to-school full-time (no academic accommodations related to concussion)	Return to full days at school and academic activities without requiring concussion-related accommodations. Medical clearance is NOT required to return to school.

**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.*



CONCUSSION RECOVERY: Understand the steps involved



Return-to-Activity/Sport/Play Steps:

Steps	Activity	Example
1	Activities of daily living and relative rest (max 1-2 days)	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. Minimize screentime.
2	Aerobic exercise: Gradually increase intensity as tolerated	Walking, stationary cycling, or jogging. Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity. Light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms. Goal is to increase the heart rate.
3	Individual sport-specific activities that do not have a risk of inadvertent head impact	Sport-specific training (e.g., running, change of direction, and/or individual training drills and individual gym class activities that do not have a risk of head impact and are supervised by a teacher or coach). Goal is to increase the intensity of aerobic activities and introduce low-risk sport-specific movements and changing of directions.
Medical clearance and full return to school required before progress to Step 4		
4	Non-contact training drills and activities	Exercise to high intensity, including more challenging training drills and activities (e.g., passing drills, multiplayer training, supervised non-contact gym class activities, and practices without body contact). Goal: Resume usual intensity of exercise, coordination, and activity-related cognitive skills
5	Return to all non-competitive activities, all gym class activities, and full-contact practices	Participate in higher-risk activities including normal training activities, all school gym-class activities, and full-contact sports practices and scrimmages. Avoid competitive gameplay. Goal: return to activities that have a risk of falling or body contact, restore game-play confidence, and have coaches assess functional skills.
6	Return to Sport	Normal, unrestricted competitive gameplay, school gym class, and physical activities.



Avoid any activity with a risk of a fall or hit to the head or body that could cause another concussion (e.g. contact sports, game play) until medically cleared. A person returning to an activity where they can fall or get hit in the head too soon after a concussion may complicate the injury further and result in a longer recovery.

Instructions:

Begin Step 1 (i.e., relative rest) within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours. If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale^{***}) occurs during Steps 1-3, stop the activity and attempt to exercise the next day. People experiencing concussion-related symptoms during Steps 4-6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before unrestricted Return to Sport as directed by local laws and/or sporting regulations.

Definitions: *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. These definitions were harmonized with and modified with permission from the Amsterdam International Consensus Statement on Concussion in Sport)



STAY CONNECTED:

Communicate with the student, family, and coaches

- If the student tells you that they have had a concussion, ask if they have been to see a doctor or nurse practitioner for a medical examination.
- Discuss the importance of returning to school and safe physical activities for recovery.
- Discuss other considerations for recovery including sleep, driving safety, and maintaining social interactions.
- Suggest that highly-active or competitive athletes ask for a referral to a medically supervised interdisciplinary team with the ability to individually assess aerobic exercise tolerance and to prescribe aerobic exercise treatment. This exercise tolerance assessment can be as early as 24-48 hours following acute injury.
- Ask how they are feeling (e.g. emotions, headache, decreased attention) and if they are avoiding drugs and alcohol.
- If the student is not improving after 2-4 weeks or has not returned to school, recommend that they go back to their doctor and ask for a referral to an interdisciplinary concussion care team. Specialized interdisciplinary concussion care is ideally initiated within the first two weeks post-injury.
- If you notice that the student is developing new concussion-like symptoms or sustains a new suspected concussion, recommend that the student be seen by a medical doctor or nurse practitioner.

CLASSROOM SUPPORT:



Work with your student and the family to put these steps into practice. The student's healthcare provider can advise on what supports might be needed in the classroom to help with return-to-school while they are **still experiencing** concussion symptoms such as:

- Environment supports (e.g. alternate workspace, reducing noise, rest breaks)
- Instruction supports (e.g. extra help, alternatives for screen-based instruction)
- Assessment and Evaluation supports (e.g. extra time for tests, quiet workspace for test taking)
- Gym class accommodations to allow the student to participate in low-risk activities such as aerobic exercises.

Know your school's role in concussion!

Enquire if your school has a concussion policy/protocol and refer to it. If your school does not have a concussion policy/protocol, talk to your administration about putting one in place.

Considerations:

- Is concussion education provided?
- Are staff oriented to the policies/ protocols
- Are policies/protocols reviewed and updated regularly?



LEARN MORE:

Click on the images to access other printable handouts that are available at www.pedsconcussion.com



Guideline Tool: Concussion Implications and Interventions for the Classroom

PedsConcussion
LIVING GUIDELINE FOR
PEDIATRIC CONCUSSION

Concussion Implications and Interventions for the Classroom

Area of concern after concussion: **PHYSICAL**

Possible classroom behaviour that indicates difficulty	Proactive solution for student
Headaches in school	Allow for rest breaks; hydration; quieter location.
Dizziness	Provide calm environment without multiple distractions.
Fatigue: Sleeping more or less than usual	Allow for rest breaks; plan daily schedule with a variety of classes with different levels of difficulty interspersed (e.g. difficult vs less difficult).
Vision problems with sensitivity to lights	Avoid fluorescent lights when possible; decrease brightness on computers, smart phones, tablets; limit time on computers; electronic gaming devices.
Hearing issues with noise (gyms, concerts, music causing irritability)	Avoid loud activities, including gym classes, loud music from headphones, dances or parties.

Area of concern after concussion: **SOCIAL / EMOTIONAL / BEHAVIOURAL**

Possible classroom behaviour that indicates difficulty	Proactive solution for student
More irritable in the classroom	Provide clear schedule for the day; recognize beginning of irritable behaviour and provide alternative activity.
Feeling anxious or tense	Provide time for rest during the day; provide clear schedule of activities for the day; less required work.
Easily overwhelmed by school requirements or activities	Diminish schedule to reasonable load that can be successfully accomplished; add activities only when success is demonstrated; decrease or eliminate homework.
Feeling depressed	Point out strengths and successes during each day.

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Guide for Coaches

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Your role as a coach

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Guide for Parents

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Patient Information Sheet

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POST-CONCUSSION INFORMATION SHEET:

Printable handout for patients

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About this resource: The information shared in this resource is based on the [Living Guideline for Pediatric Concussion](#). Date of last update: April 2025