

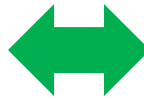
CONCUSSION MANAGEMENT

"Return to Learn, Return to Play"

*Student Accident
or Concern*



*Staff/Coach/Moderator
Evaluation*



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*No Concussion
Suspected*



C2 signed & Accident Report

- CC: C2 to Parent/Principal/Secretary
- Accident Report (OSBIE)



Principal/Secretary

*Concussion
Suspected*



C2 signed & Accident Report

- CC: C2 to Parent/Principal/Secretary
- Provide C3
- Accident Report (OSBIE)



*Principal/Secretary
Refer to SBT*



*SST/ERT/Principal
Manage
Return To Learn, Return to Play
Protocol*

Appendices:

- OPHEA Concussion Management Procedures
- C2 – Tool to identify suspected concussion
- C3 - Documentation of Medical Exam
- C4 - Documentation for a Diagnosed Concussion

CONCUSSION MANAGEMENT

"Return to Learn, Return to Play"

Academic Protocol

SBT notify teachers/coaches & Provide "SBT Management Plan"



"Return to Learn"

Part A – Physical and Cognitive Home Rest

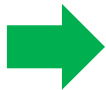
- Home

Part B – Return to Learn

- C4 signed by parents
- Individualized Plan (included in SBT minutes)

SST/ERT/Principal Notification of Concussion

SST/ERT/Principal refer to SBT C3 in OSR



Physical Health Protocol

SBT notify teachers/coaches & provide "SBT Management Plan"



"Return to Play"

Part A – Physical and Cognitive Home Rest

- Home

Part B – Return to Learn

- C4 signed by parents
- Physical Rest

Part C – Return to Physical Activity

- i) Light Aerobic Physical Activity**
 - C4 signed by parents
 - Light Aerobic Physical Activity
 - No Contact
- ii) Sport Specific Physical Activity**
 - Sport Specific Drills
 - No Contact
- iii) Non-Sport Specific Physical Activity**
 - No Contact
 - Light Resistance/Weight Training
- iv) Regular Non-Contact Physical Activity**
 - All activities, no contact
- v) Physical Activity – No Restrictions**
 - C4 signed by parents
 - C4 filed in OSR
 - No Contact



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Niagara Catholic District School Board

Concussion Management Protocol – Guide for Parents



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STEP ONE → SUSPECTED CONCUSSION INCIDENT (C2 Form)

At School: Staff/Coach/Moderator will complete C2 form.

- If Staff/Coach/Moderator suspects that a concussion has occurred, Proceed to STEP TWO.
- If Staff/Coach/Moderator suspects that a concussion has not occurred, parents will be notified of the incident.

At Home: Please contact school administration as soon as possible & proceed to STEP TWO.

STEP TWO → DOCUMENTATION of MEDICAL EXAMINATION (C3 Form)

A C3 form will be sent home. Complete and return to the School Based Team. **Parental signature and a Doctor's signature is required.** A medical note may be substituted for the Doctor's signature on the C3 form.

- If the Doctor specifies that a concussion has not occurred, the student may only return to school after the C3 form has been reviewed by the School Based Team.
- If the Doctor specifies that a concussion has occurred, proceed to STEP THREE.

STEP THREE → RETURN to LEARN / RETURN to PHYSICAL ACTIVITY PLAN (C4 Form)

Parents will work with the School Based Team to discuss progress and manage strategies and/or approaches for both at home and for when the student is able to return to school.

Part A - Physical and Cognitive Home Rest: Parents are to complete this part once the child's symptoms have improved. **Parental signature is required.**

Part B - Return to Learn:

- If child is symptom free at home, as indicated in Part A, they can resume regular learning activities at school and proceed to Part C.
- For students still exhibiting symptoms, they can return to school with strategies put in place to gradually increase cognitive activity. **A parental signature will be required** when the child is symptom free, prior to proceeding to Part C.

Part C - Return to Physical Activity:

- Light Aerobic Physical Activity: If child remains symptom free, please complete this section. **Parental signature is required.**
- Sport-Specific Physical Activity (non-contact): If child remains symptom free, while under the direct supervision of a sport-specific coach, please proceed. **No signature is required.**
- Non-Sports Specific Physical Activity (non-contact): If child remains symptom free after participating in a variety of non-sports specific (non-contact) physical activities, then the Staff/Coach/Moderator and Doctor/Nurse practitioner must complete this section. **Signatures are required.**
- Regular Non-Contact Physical Activity: If child remains symptom free, please proceed. **No signature is required.**
- Physical Activity with No Restrictions: If child remains symptom free after participating in physical activities with no restrictions, please complete the last part of the form. **Parental signature is required.**

Return of Symptoms

If symptoms return, parents must take child to doctor who will advise child's point of return in this process.