



Aquinas Catholic Schools Head Injury and Concussion Management Protocol

This protocol shall hereby be implemented for all students residing in Aquinas Catholic Middle/High School. No student shall be exempt from this protocol regardless of age. A Concussion Management Team is available and will be in contact regarding all concussions regardless of age of student and severity. This team consists of, but is not limited to: Athletic Trainer, Aquinas Superintendent, Aquinas Activities Director and/or the student's Principal(s).

Any head injury will be classified as any official contact of head to head or head to object regardless of the severity of impact (mild to severe). This includes, but is not limited to: head to head contact in sports (both in practice and in games), accidental contact with an object in PE, accidental contact on or around school property, car accidents, etc.

Concussion is defined by the 2017 Concussion in Sport Group consensus statement as, "a traumatic brain injury induced by biomechanical forces." Several common features may include:

- May be caused either by a direct blow to the head, face, neck or elsewhere on the body with impulsive force transmitted to the head
- Typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
- May result in neuropathological changes, acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging (MRI, CT, etc)
- Results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. Some cases may be prolonged
- The clinical signs and symptoms cannot be explained by drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc) or other comorbidities (eg psychological factors or coexisting medical conditions)

The Protocol is as Follows:

When a student athlete is injured and is suspected to have suffered a possible concussion, the following steps will take place:

1. For students that are athletes in grades 7 through 12, the Certified Athletic Trainer for Aquinas will be informed. The Athletic Trainer will then assess the student for a head injury, if needed.
2. If symptom score is over 0, the Athletic Trainer, at his/her discretion based upon signs and symptoms, will assess for a concussion.
3. The Athletic Trainer will then inform the health staff at the student's school that the student has been assessed and the Return to Learn Protocol will be initiated.
4. Return to Learn Protocol (attached) will be initiated. Student must progress through the Return to Learn.
5. When the Return to Learn Protocol is complete, the student has fully returned to the academic classroom, Return to Play protocol (attached) is then initiated. The student must progress through all of the steps of the Return to Play Protocol (this will take at **minimum** 4 days with returning on day 5, but can take longer depending on progress/sport).
6. A Parent/guardian may be asked to participate in the recovery of their student regarding the Return to Play Protocol with overseeing the student doing light activity at home in the evenings or on the weekends. This will be communicated by the Athletic Trainer.
7. When the Return to Play Protocol is complete, parent/guardian of the student must sign off on the Return to Activity Clearance form stating that they are aware their student will return to activity full time (this does include PE and Recess).
8. No matter if student is/was assessed with a concussion by Athletic Trainer or another Medical Professional, information on the student and their concussion will be shared with the Concussion Management Team. The Health Staff member will inform any and all teachers that the student has a concussion and provide information on any classroom accommodations the student may need until recovered.
9. Should symptoms persist for a longer than anticipated time frame, the Concussion Management Team will meet to discuss the student's situation more in depth and will devise a specific plan, if needed.
10. Final clearance for return to school-related physical activity will be made by the school's Athletic Trainer.

Concussion Management Team (CMT)

Aquinas Superintendent: Fr. Sean Timmerman (fr.sean-timmerman@cdolinc.net)

Aquinas Principal: Dave McMahon (Dave-McMahon@cdolinc.net)

Activities Director: Ron Mimick (ron-mimick@cdolinc.net)

Athletic Trainer: Terry Adair, ATC (Terry.Adair@bryanhealth.org)

The following may be indications that would require an automatic referral to the CMT:

- The student has a history of previous concussions regardless of when the last concussion occurred.
- The student has a history of severe headaches or migraines.
- The student has diagnosed Depression, diagnosed Anxiety, or other diagnosed Mental Health diseases.
- The student has been diagnosed with ADHD or SLD.
- The student has a known and diagnosed sleeping disorder.

Return to Academics (Learn) Protocol

Progression for each student will be individualized. Some may progress much quicker than others. Also, be advised that the student may jump back and forth between steps or skip steps depending on symptoms.

STEP 1

HOME: Student will stay home for cognitive and physical rest.

- Stay at home
- No driving (recommended)
- May limit mental exertion including: computers, texting, homework, and video games

STEP 2

HOME: Light Mental Activity

- Stay at home
- No driving (recommended)
- Up to 30 minutes of mental exertion
- No prolonged concentration

Student may progress to step 3 only when he/she can withstand 30 minutes of mental exertion without worsening of symptoms.

STEP 3

SCHOOL: Part time with maximum adjustments, built in breaks, and shortened day/schedule

- Provide quiet place for scheduled mental rest
- Lunch in quiet environment
- No significant classroom or standardized testing
- Modify rather than postpone academics
- Provide extra help, time, and adjustment of assignments

Student may progress to step 4 only when he/she can withstand 30-40 minutes of mental exertion without worsening of symptoms.

STEP 4

SCHOOL: Part time with maximum adjustments and shortened day/schedule

- No standardized testing
- Modified classroom testing
- Moderate decrease of extra help, time and modification of assignments

Student may progress to step 5 only when he/she can withstand 60 minutes of mental exertion without worsening of symptoms.

STEP 5

SCHOOL: Part time with minimal adjustments

- No standardized testing (routine classroom testing ok)
- Continued decrease of extra help, time, and adjustment of assignments
- May require more support in academically challenging subjects

Student may progress to step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance to full return to learn and play.

STEP 6

SCHOOL: Full time with full academics and no adjustments

- Attends all classes
- Full homework and testing

When symptoms continue beyond 3-4 weeks, prolonged in school support and accommodations are required. CMT will meet and discuss individualized plan for the student.

Return to Play (Athletics) Protocol

Return to Play is a medical decision. Aquinas Catholic Schools will be familiar with state concussion laws and understand which healthcare providers may clear a student.

An athlete suspected of having a concussion will be removed from play immediately and will be evaluated by the team/school Certified Athletic Trainer (ATC).

If the athlete is assessed with a concussion they will begin Stage 1 of the Return-to-Play Protocol.

Symptoms will be monitored daily. Once the athlete is symptom free for 24-48 hours they will take the ImpACT Test. The ImpACT Test is administered thereafter every four to five days, if the athlete remains symptom free, until he/she passes.

When the athlete has no headaches or other concussion symptoms and neuro-cognitive testing is normal (passing the ImpACT Test) the athlete can Move to Stage 2 of the Return-to-Play Protocol.

STAGE 1

SYMPTOM LIMITED ACTIVITY: daily activity that does not provoke symptoms

- Recovery Stage

STAGE 2

LIGHT AEROBIC EXERCISE: Brisk walking, swimming, or stationary cycling. Slow to medium pace. No resistance training.

- Work toward increasing heart rate.
- Increasing activity without return of symptoms.

STAGE 3

SPORT SPECIFIC EXERCISE: Running drills, agility drills, ball handling drills, etc. No head impact.

- Work toward adding more movement with exercise.
- Increasing activity without return of symptoms.

STAGE 4

NON- CONTACT TRAINING DRILLS: Position drills. No contact activity. May start progressive resistance training.

- Progression to more complex drills.
- Work toward increasing exercise, coordination, and cognitive load.
- Increasing activity without return of symptoms.

STAGE 5

FULL CONTACT PRACTICE: Following medical clearance with normal play in activities.

- Restore confidence
- Assess functional skills by coaching staff
- Full activity without return of symptoms

STAGE 6

FULL RETURN TO PLAY: Normal game play if medically cleared.

If headaches or any other symptoms reoccur, during any step, the activity needs to be stopped. The athlete should then wait 24 hours and start at the previous level again. The athlete may be referred to a specialist if symptoms persist and symptoms do not improve.

The athlete will return to participation once the protocol is accomplished and a signature for return is obtained by the athlete's parents or legal guardian and by the supervising Certified Athletic Trainer and/or physician in charge of administering the return-to-play protocol.

Concussion Symptom Checklist

Name: _____

Date:									
Symptom	Time:								
Headache									
"Pressure in Head"									
Neck Pain									
Nausea or Vomiting									
Dizziness									
Blurred Vision									
Balance Problems									
Sensitivity to Light									
Sensitivity to Noise									
Feeling Slowed Down									
Felling like "In a Fog"									
"Don't Feel Right"									
Difficulty Concentrating									
Difficulty Remembering									
Fatigue or Low Energy									
Confusion									
Drowsiness									
More Emotional									
Irritability									
Sadness									
Nervous or Anxious									
Trouble Falling Asleep									
Total Symptom Score (Out of 132)									
Total # of Symptoms (Out of 22)									

Grade Each Symptom on a Scale of 0-6

None	Mild		Moderate		Severe	
0	1	2	3	4	5	6