



## CONCUSSION RESPONSE POLICY

Symptoms of concussion may develop over time following a brain injury. **The Participant with the suspected concussion must consult a physician for a diagnosis.** Remember to request written results of the diagnosis.

If no concussion is diagnosed by a physician and the Participant is medically cleared to resume participation, the Participant may return to physical activities.

Ensure that an ORA Sport Injury Report Form is completed by the Coach/Manager/Trainer and submitted to the ORA within 7 days of the incident even if a concussion is not diagnosed.

### Returning to Play Protocols When a Concussion is Diagnosed

The Participant and the Participant's parent/guardian (if applicable) should be directed to the following guidelines:

- a) **If a concussion is diagnosed** by a physician: the Participant should only return to physical activities after following the steps outlined below and/or as directed by a physician;
- b) Each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion;
- c) The Participant should be monitored regularly for the return of any signs and/or symptoms of concussion. If signs and/or symptoms return, the Participant must consult with a physician
- d) Submit the SRRA Online Concussion Reporting Form (available on the Southern Region Ringette Association website)

Etobicoke Ringette recommends that Participants diagnosed with a concussion follow these Return to Play Steps

Proceed to the next Step **ONLY** if symptom free. If symptoms re-occur, drop back to the Step where you do not have symptoms and resume the program.

If the Participant has symptoms for more than 10 days, then consultation by a medical practitioner who is an expert in the management of concussion, is recommended.

Allow **AT LEAST** 24 hours between Steps.

#### **Step 0:**

No activity, only complete rest. Physical and cognitive rest. Proceed to Step 1 only when symptoms are gone.

**Step 1:**

Light aerobic exercise, such as walking or stationary cycling for 10-15 minutes. Increase heart rate. Monitor for symptoms and signs. No resistance training or weight lifting. Students must have returned to school or full studies at their pre-injury level of performance and adults must have returned to their normal education or work.

Even though the symptoms have disappeared there may be some underlying issues that are not manifested in day to day activity.

**Medical clearance is required in order to move to the next step. (Doctor's clearance must be submitted to your Coach/Executive)**

**Step 2:**

Sport specific activities and training (e.g. skating for 20-30 minutes)

**Step 3:**

Drills without contact with teammates. May add light resistance training and progress to heavier weights. The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player.

**Step 4:**

Begin drills involving contact with teammates.

**Step 5:**

Game play.

The Coach should work with the Participant to plan out the opportunities for the Participant to get access to ice time to move through the Steps.

Referees should not commence the referee duties until they have completed Step 2.

The Association does not reimburse for any expenses related to Return to Play Protocols.