

Township District 211

Concussion Care Protocol



General Information:

A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. Continued research has shown cognitive rest to be essential in the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading, and studying. These stimuli must be limited or avoided during recovery. Physical activities that increase symptoms should be avoided. Physical activity such as physical education, athletics and strength or cardiovascular conditioning should be avoided or should be limited and monitored by a trainer when symptoms are present.

Please note that timelines in the Concussion Care protocols are general guidelines. All individuals will respond differently to a head injury and the timelines will be adjusted accordingly by the health care personnel.

It is recommended that this protocol is shared with the student's primary care physician (licensed to practice medicine in all its branches, i.e. pediatrician) during the initial visit.

Stages of Concussion Recovery and Academic/Athletic Participation:

1. Rest (as symptoms dictate)
2. Return to School
3. Full Academic and Athletic Participation

Definition:

Non Athlete student: A student that is currently not actively participating in a District 211 in-season sport.

Student Athlete: A student that is currently participating in a District 211 in-season sport.

Points of Emphasis:

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.
- For the concussion protocol to be initiated, the non-district 211 athlete must be initially evaluated by a health care provider (licensed to practice medicine in all of its branches) OR an athletic trainer. Documentation must be provided with a concussion diagnosis to the school nurse or athletic trainer. An emergency room/acute care note is only temporary until seen by the student's primary care physician or athletic trainer within one week.
- As a general rule, for every day the student is within Stages 1-2, they will be granted the same number of days to complete missed assignments.
- As the student's recovery progresses through Stages 1 and 2, teacher/ case manager should identify essential academic work in each subject and collaborate with department supervisors, as needed, to determine potential reduction in course workload. This will promote healing, and help reduce the student's anxiety level related to the perceived volume of work that will be required once the student is medically cleared to resume a full academic load.
- The teacher has the option of assigning the student a grade of incomplete for the progress mark, final exam, and/or semester grade.
- For the student athlete: It is important upon return to school the student report to the athletic trainer and school nurse daily to monitor symptoms and determine progression to the next stage within the concussion care protocol.
- For the non-athlete student: report only to the school nurse daily.

Three Stage Progression: Full Return to Academic (RTL) and Athletic Activity



Timelines in the Return to Learn (RTL) and Return to Play (RTP) protocols are general guidelines. All individuals will respond differently to a head injury and the timelines will be adjusted accordingly by health care personnel.

Stage 1: Rest Characteristics

- Severe symptoms at rest
- Symptoms may include but are not limited to:
 - Headache or pressure in head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, unusual changes in mood, fatigue
 - Students may complain of intense and continuous/frequent headaches Cognitive stimulation including driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading and studying may increase symptoms.
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- Initial evaluation by primary care physician or certified athletic trainer (not ER)
- No PE or athletic participation (includes practices and attending events)
- Accommodations/Considerations:
 - School attendance as tolerated- emphasize cognitive and physical rest
 - Sports: does not attend practice/games
 - No tests, quizzes or homework
- Parent and student receive copy (hardcopy or electronic) of District 211 Concussion Care Protocol
- School nurse will notify student's teachers and appropriate staff

*Progress to stage 2 when:

- Decreased sensitivity to light or noise
- Decreased intensity and frequency of headaches and dizziness
- Decreased feeling of foginess or confusion

Stage 2: Return to School (*Options for altered daily class schedule*)

- Characteristics
 - Mild symptoms at rest, but increasing with cognitive and physical activity
- Modified class schedule
 - Example: alternate afternoon classes and morning classes, repeat as symptoms warrant
- No PE or athletic participation
- For the student athlete: Student to report to the school nurse and athletic trainer as directed. Light aerobic activity, after school under the supervision and discretion of the athletic trainer, may be initiated.
- For the non-student athlete: report to the school nurse as directed
- Accommodations/Considerations:
 - Student should avoid noisy, loud areas such as: choir; orchestra; band; gymnasium; cafeteria as symptoms dictate
 - Student may rest in nurse's office to offer breaks between academic classes as symptoms dictate
 - Student may request a hall pass from the school nurse to avoid noisy, crowded hallways between class periods as symptoms dictate



Three Stage Progression: Full Return to Academic (RTL) and Athletic Activity

- Limit computer work, videos/movies in class (as symptoms dictate)
- Divide up work into smaller portions (15-20 mins. at a time) as symptoms dictate
- Postpone/limit tests, quizzes or homework if symptoms dictate
- Provide student with copies of class notes (teacher or student generated) upon student request.
- Audio books are helpful for students struggling with visual processing if available.
- It is important to note that if a student is unable to progress to Stage 3 after 3 weeks, and it is unlikely the student will be able to make up required work, nurse, counselor/ case manager and parents will consider possible course level changes, or class withdrawal.
- Consider a 504 Plan after 8-10 weeks of residual symptoms with educational impact

*Progress to stage 3 when:

- Symptom free with cognitive and physical activity
 - Student should report any return of symptoms with cognitive or school day activity
- Written clearance by primary care physician (primary physician or neurologist) or athletic trainer for return to physical and full academic activities.

Stage 3: Full Academic and Athletic Participation per Return to Play (RTP) Protocol

- Characteristics:
 - Asymptomatic with academic/cognitive and physical activities
- For the student-athlete: report daily to the athletic trainer and school nurse. Student will begin the District 211 required Return to Play Protocol with the athletic trainer.
- For the non-athlete student: report daily to the school nurse for assessment checklist.
- Accommodations/Considerations:
 - Resumption of full academic responsibilities once symptoms have resolved completely as determined by primary care physician or athletic trainer. School nurse will notify teachers/counselor/case manager.
 - Create plan for possible modification and gradual completion of required make-up work (school counselor, teacher, department supervisor)
 - Consider tutoring services if student has more than 3 weeks of required academic work to make up
 - Teachers have the discretion to identify essential academic work for their course.

For the non-athlete student: written clearance to full participation from primary care physician will be required for return to PE participation. Upon receipt of clearance, school nurse will consult with PE teacher regarding appropriate return to full participation within current activity (*no formal gradual return to physical activity*).

For the student athlete: required to follow the District 211 Return to Play Protocol under the direction of the athletic trainer.

****If the student remains in a stage longer than 2 weeks, the school nurse will present the student's case to counselor/ case manager for review and possible need for further assistance. The school nurse will consult with the primary care physician.***



Three Stage Progression: Full Return to Academic (RTL) and Athletic Activity

District 211 Return to Play Protocol *(required if student athlete)*

- The IHSA Return to Play Protocol includes 5 phases of activity with increasing intensity. Each phase will take place 24 hours following the previous step. If symptoms return during any phase, a 24-hour period of rest is required before repeating that phase.
- This protocol will be performed under the supervision of the athletic trainer.
 - Stage 1: Light aerobic activity
 - Stage 2: Increased aerobic activity
 - Stage 3: Non-contact activity related to specific sport/skill
 - Stage 4: Full contact activity
 - Stage 5: Return to competition-requires completion of the entire District 211 RTP protocol, a written statement from physician or athletic trainer, and a signed parent return to play consent form
- Neurocognitive testing is a tool used in the RTP Protocol but is not the sole determinant of an athlete's return to play.

****If the athletic trainer feels it is in the best interest of the athlete, the trainer may exclude the athlete from practice or play until the trainer determines the athlete is ready for activity, regardless if a doctor has cleared the athlete***

Follow Up

- The student is encouraged to meet with school counselor regularly to discuss progress, grades, and status of make-up work.
- The student is encouraged to meet with the athletic trainer or school nurse to assess any recurring symptoms.

For additional questions please contact the student's school counselor, the school nurse, or the athletic trainer.

District 211 Concussion Protocol

Progression Summary



It is important to note, every student's Return to Learn (RTL) plan will not be the same. Needed accommodations may vary by the course and student. The accommodations and length may vary and is dependent upon each individual's symptoms. Specific questions regarding a student's accommodations and RTL plan should be directed to the counselor/case manager or nurse.

Student Athlete

1. When a concussion is suspected the athletic trainer informs parents and notifies student to report to nurse when they feel they can return to school
2. Athletic trainer alerts nurse
3. Student reports to nurse when they return to school submitting a note from primary care physician if a physician was seen
4. Nurse consults with student and determines which accommodations might benefit student based on reported symptoms
5. Nurse notifies the student's teachers via email with accommodations
6. Student should report to the nurse as directed for consultation and to adapt accommodation plan as symptoms change and notify teachers of any changes
7. All athletes should report to the athletic trainer as directed
8. Student will be evaluated by the athletic trainer to make adjustment to the Return to Play (RTP) as directed
9. Athletic trainer clears student to participate in athletics once Return to Play protocol is complete
10. Primary Care Physician/athletic trainer must provide a written statement indicating it is safe for the student to return to play
11. Parent/Guardian provide a signed consent form to return student to athletic participation

Student Concussed in Outside Activity

1. Student reports to nurse when they return to school and submits note from primary care physician with a concussion diagnosis
2. If a student is an in-season athlete nurse notifies athletic trainer, see steps #3-#11 under "Student Athlete"
3. Nurse consults with student and determines which accommodations might benefit student based on reported symptoms
4. Nurse notifies the student's teacher via email with accommodations
5. Student should report to the nurse as directed for consultation to adapt accommodation plan as symptoms change and notify teachers of any changes
6. Written clearance to full participation from primary care physician will be required for student to return to cognitive and physical activity (no formal gradual return to physical activity)

Student Sustains Head Injury During School Activity

1. Student referred to nurse with head injury
2. Nurse will assess student
3. Nurse will inform parent/Guardian of head injury and advise them to seek further medical treatment , if needed, based on the student's reported symptoms
4. If student does not submit a note from primary care physician with a concussion diagnosis, no further action is needed

District 211 Concussion Protocol Progression Summary



5. If student submits primary care physician note with concussion diagnosis, see steps #2-#5 under “Student Concussed in Outside Activity” per protocol

ILLINOIS HIGH SCHOOL ASSOCIATION

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IHSA Protocol for Implementation of NFHS Sports Playing Rule for Concussions

“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

The above language, which first appeared in all National Federation sports rule books for the 2010-11 school term, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion, but not a revision in primary responsibilities in these areas. Previous rules required officials to remove any athlete from play who was “unconscious or apparently unconscious.” This revised language reflects an increasing focus on safety, given that the vast majority of concussions do not involve a loss of consciousness. However, the revised language does not create a duty that officials are expected to perform a medical diagnosis. The change in rule simply calls for officials to be cognizant of athletes who display signs, symptoms, or behaviors of a concussion from the lists below and remove them from play.

NOTE: The persons who should be alert for such signs, symptoms, or behaviors consistent with a concussion in an athlete include appropriate health-care professionals, coaches, officials, parents, teammates, and, if conscious, the athlete him/herself.

Definition of a Concussion

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

Behavior or signs observed indicative of a possible concussion

- Loss of consciousness
- Appears dazed or stunned
- Appears confused
- Forgets plays
- Unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Shows behavior or personality changes
- Can't recall events prior to or after the injury

Symptoms reported by a player indicative of a possible concussion

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

This protocol is intended to provide the mechanics to follow during the course of contests/matches/events when an athlete sustains an apparent concussion. For the purposes of this policy, appropriate health care professionals are defined as: physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers.

1. During the pre-game conference of coaches and officials, the official shall remind the head coaches that a school-approved appropriate health care professional will need to clear for return to play any athlete removed from a contest for an apparent head injury.
2. The officials will have no role in determining concussion other than the obvious situation where a player is unconscious or apparently unconscious as is provided for under the previous rule. Officials will merely point out to a coach that a player is apparently injured and advise the coach that the player should be examined by the school-approved health care provider.
3. If it is confirmed by the school's approved health care professional that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may re-enter competition pursuant to the contest rules.
4. Otherwise, if an athlete can not be cleared to return to play by a school-approved health care professional as defined in this protocol, that athlete may not be returned to competition that day and is then subject to the IHSA's Return to Play (RTP) Policy before the student-athlete can return to practice or competition.
5. Following the contest, a Special Report shall be filed by the contest official(s) with the IHSA Office through the Officials Center.
6. In cases where an assigned IHSA state finals event medical professional is present, his/her decision to not allow an athlete to return to competition may not be over-ruled.

Additional information regarding concussion has been made available to IHSA member schools and licensed officials and can be accessed on the IHSA Sports Medicine website at <http://www.ihsa.org/Resources/SportsMedicine.aspx>.

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Concussion Information

Return to Play (RTP) Policy

Background: With the start of the 2010-11 school term, the National Federation of State High School Associations (NFHS) implemented a new national playing rule regarding potential head injuries. The rule requires “any player who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional.” In applying that rule in Illinois, it has been determined that only certified athletic trainers and physicians licensed to practice medicine in all its branches in Illinois can clear an athlete to return to play the day of a contest in which the athlete has been removed from the contest for a possible head injury.

Policy: In cases when an athlete is not cleared to return to play the same day as he/she is removed from a contest following a possible head injury (i.e., concussion), the athlete shall not return to play or practice until the athlete is evaluated by and receives written clearance from a licensed health care provider to return to play.

For the purposes of this policy, licensed health care providers consist of physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers working in conjunction with physicians licensed to practice medicine in all its branches in Illinois.

Mandatory Concussion Course for Coaches

House Bill 5431 will go into effect for the 2014-15 school year. The legislation requires ALL high school coaches and athletic directors to receive a certificate of completion every two years for an online concussion awareness and education program developed by the IHSA.

The program includes a presentation and other supplementary materials that ALL high school coaches and athletic directors need to review prior to taking a required exam over the curriculum. Individuals will be required to demonstrate proficiency on the exam by scoring at least 80% in order to serve as an athletic coach at an IHSA member school. The legislation also requires student-athletes to watch the association-developed video presentation portion of the over-all curriculum each year.

The program includes information on concussion awareness training, concussion recognition, best practices for avoiding concussions, return to play guidelines, and sub-concussive head trauma. Coaches will be able to access the program after logging into the IHSA Schools Center and clicking on the “CON” tab, which will be located under the ‘Departments’ heading on the Schools Center homepage.



Post-concussion Consent Form
(RTP/RTL)



Date _____

Student's Name _____ Year in School 9 10 11 12

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, as the case may be.

Student's Signature _____

Parent/Guardian's Name _____

Parent/Guardian/s Signature _____

For School Use only

Written statement is included with this consent from treating physician or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

Cleared for RTL

Cleared for RTP

Date _____

Date _____