

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 student 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
- 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
 - Limit computer work, videos/movies in class (as symptoms dictate)



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

- 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

****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.