ST. LAURENCE HIGH SCHOOL
CONCUSSION RETURN TO LEARN (RTL) and RETURN TO PLAY (RTP) PROTOCOL

****The following is required by the State of Illinois as per Public Act 99-0245****

CONCUSSION OVERSIGHT TEAM

- Athletic Trainer – Steve Weaver (ATI)
- Team Doctor – Dr. Beverlee Brisbin
- School Nurse – Mary Anne Cook
- Principal – Jim Muting
- Guidance Counselor – Dr. Tom Pallardy
- Athletic Director – Tim Chandler

PRESEASON

Students receive education on the symptoms and dangers of concussions. Additionally, the XLNTBrain baseline test will be administered to all student-athletes except for cross country, golf, bowling, and tennis. If an athlete is in multiple sports, then they will be given the test prior to their first season. Any student that does have a concussion will need a new baseline test completed before their next sports season.

SUSPECTED CONCUSSION

If an athlete has a suspected concussion, the following procedure will be used to determine playing status.

- On the field assessment at the time of injury (if an athletic trainer is at the event).
- If suspected of a concussion and pulled from game or practice the injured athlete must meet minimum requirements to return to participation that day and can only be signed off by a physician or athletic trainer working under a physician's license/direction. If concussed, the injured athlete MUST go through the RTL/RTP protocol as set forth by St. Laurence, and once completed, the RTP must be approved by a physician as well as the parent(s).

RETURN TO PLAY/ DISQUALIFICATION GUIDES

If an athlete is able to pass all physical tests and is not expressing any outward signs or symptoms of a head injury an athlete may be allowed to return to play.
If the athlete is allowed to RTP the same day athlete will be monitored by athletic training staff and required to follow-up with ATCs.
If an athlete is removed from play and is not allowed to return the following steps will be taken to care for athlete:

- Athlete monitored by ATCs while with team.
- Parents will be notified that their athlete has a possible head injury. Parents will be given warning signs to watch for with their child and any other pertinent information (should a doctor be seen, care instructions, etc.)
- Athlete is instructed to follow up with ATCs the next day for reevaluation (may include symptoms checklist, physical exam, Impact testing)
- Athlete will be reevaluated on a daily basis until they meet Return to Learn/Return to Play criteria

DOCTOR VISITS

Each case will be handled individually. The following are guidelines, which may require immediate referral to physician:

- Athlete becomes unconscious
- Athlete showing significant signs of head injury or reporting significant symptoms
- Athlete showing significant change in mental status
- Parents will be instructed and encouraged to see a physician if they feel necessary at any time.

RETURN TO LEARN GUIDELINES (RTL must be completed before RTP)
Students will be placed in the stage deemed most appropriate relative to the severity of their symptoms. Not all students will start at Stage 1.

The ATC will notify the school nurse of any student who suffers a concussion. Student's teachers will be notified that the student has suffered a concussion if he is placed in Stage 1, 2, or 3 and requires accommodations.

Stage 1: No School/ Complete Cognitive Rest

Symptom Severity: Severe symptoms at rest that prevent him or her from being able to benefit from being in school. Symptoms may include but are not limited to:
Headache, dizziness, balance difficulties, nausea/vomiting, fatigue, sensitivity to light or noise, visual changes, feeling mentally foggy, feeling slowed down, drowsy, difficulty concentrating/ focusing, difficulty remembering, unusual changes in mood (irritability, sadness, nervousness, more emotional than usual)

Treatment: Cognitive and physical rest

Academic Interventions:
- No school
- No physical education class or participation in athletics (includes attending practices and games)
- No tests, quizzes, or homework
- No computer, phone, or television screen time

Progression: Readiness to progress to stage 2 will be determined by:
- Decrease in overall symptoms to manageable level
- Ability to do cognitive activities for very short periods of time (15-30 minutes)

Stage 2: Part-time school attendance with accommodations

Symptom Severity: Decrease in overall symptoms to manageable levels, but may worsen with physical and mental activity.

Treatment: Balance rest with gradual re-introduction to school. Avoid tasks that produce, worsen, or increase symptoms.

Academic Interventions:
- Limited school attendance as symptoms warrant. Example: Alternating half-day attendance (morning classes one day, afternoon classes next day)
- No PE or athletic participation (may not attend practices, games)
- Avoid choir, band, PE areas, or cafeteria if symptoms worsen
- If symptoms worsen during class, allow students to put head down for 5 minutes. If still symptomatic, allow student to sit in hall for 5 minutes. If still symptomatic then allow rest in nurse's office.
- Obtain a "five minute pass" from the school nurse, athletic trainer or administration to avoid noisy, crowded hallways between class periods
- Limit "screen time" (computers, videos/movies, Smart Boards, projectors, cell phones, iPad, etc.) and reading based on student's symptoms
- Allow sunglasses when viewing Smart Boards, Power Point presentations, etc. as needed
- Allow ear plugs as needed

- Provide student with copies of class notes (may need to be large print)
- Divide up work into smaller portions (15-20 minutes at a time)
- Homework reduced or eliminated with no due dates on assignments. This allows students to work at a pace that does not exacerbate symptoms and reduces their anxiety about completing the assignments.
- No tests or quizzes

Progression: Readiness to progress to stage 3 will be determined by:
- School activity does not increase symptoms
- Overall symptoms continue to decrease in number and severity

Stage 3: Full school attendance with accommodations

Symptom Severity: Overall symptoms continue to decrease in number and severity. Symptoms may still be exacerbated by certain activities, but short time spans with known symptom triggers do not have drastic effects on symptom levels.

Treatment: Gradually increase demands on the brain by increasing the amount, length of time spent on the work, and the type or difficulty of work, as long as it does not worsen symptoms.
Academic Interventions:
- No PE or athletic participation (may attend practices, games, or PE class but **no participation**)
- Continue with interventions listed in Stage 2 as needed
- Gradually increase amount of homework
- Limited tests and quizzes. Limit student to one test per day. May split longer tests into halves.
- Accommodations are reduced or eliminated as symptoms resolve

Progression: Readiness to progress to stage 4 will be determined by:
- Symptom-free with cognitive activity

Stage 4: Full school attendance without accommodations

Symptom Severity: Symptom-free with cognitive activity.

Treatment: Accommodations are removed and student can function fully without them.

Academic Interventions:
- No physical activity until released by a healthcare professional (such as physician or athletic trainer)
- Construct a reasonable step-wise plan to complete missed work while keeping stress levels low
- Gradually increase amount of homework
- Limited tests and quizzes. Limit student to one test per day. May split longer tests into halves.
- Accommodations are reduced or eliminated as symptoms resolve

Progression: Complete return-to-play progression with athletic trainer in order to be released to participate in physical activity.

RETURN TO PLAY GUIDELINES

The following list is what will be used to determine if an athlete may begin the Return to Play Protocol:

- Return to Learn Protocol must be completed
- Athlete must be symptom free
- Athlete's XLNTBrain score must return to normal as determined by the XLNTBrain web-based concussion management program
- Athlete must be able to pass physical testing (vestibulocular testing, etc.).

If all criteria are met athletes will begin the Return to Play Protocol, which is a graduated increase in activity levels over a series of days. Each injury will be viewed on a case-by-case basis working each athlete back to a full participation level.

If an athlete is seen by a physician (ER or primary care) a written doctor's release MUST be present prior to RTP and RTP progression must be followed.

PROTOCOL FOR RETURN TO PLAY AFTER A HEAD INJURY

After an athlete has been evaluated by an athletic trainer or physician and it has been determined that the athlete has sustained a concussion, the following protocol will be used to safely progress their return to play. **Under no circumstances will this protocol be accelerated.**

There should be approximately 24 hours (or longer) for each stage, and the athlete should return to the previous stage if symptoms recur. Resistance training should only be added in later stages.

Rehabilitation Stage	**Functional Exercise at Each Stage of Rehabilitation**	**Objective of Each Stage**
No activity/Return to Learn Protocol	Physical and cognitive test	Recovery
Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity. 70% maximum predicted heart rate. No resistance training	Increase heart rate
Sport-specific exercise	Running drills in soccer and football. No head impact activities	Add movement
Non-contact training drills	Progression to more complex training drills. May start progressive resistance training	Exercise, coordination, and cognitive load
Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff and AT
Return to play	Normal game play	

McCrory p et al., Consensus Statement on Concussion in Sport – the 3rd international Conference on Concussion in Sport held in Zurich, November 2008. British Journal of Sports medicine 2009; 43: i76-89.

Public Act 99-0245 (Formerly Senate Bill 7)

CONCUSSION MANAGEMENT OVERSIGHT TEAM

- Each school shall create a concussion oversight team which shall consist of:
  - Physician – licensed to practice in all of its branches (Most chiropractors are not included in this definition); AND
  - Athletic Trainer*; OR
  - Advanced Practice Nurse**; OR
  - Neuropsychologist; OR
  - Physician Assistant
- *If a school district employs an athletic trainer directly, they must be on the concussion oversight team.
- **If a school district employs one or more school nurse directly, one of them must be on the concussion management oversight team
- The role of the Concussion Management Oversight Team is to create an evidenced based Return to Play protocol and an evidenced based Return to Learn protocol

REMOVAL AND RETURN TO PLAY

- A student can be removed from play for a suspected concussion by a:
  - Coach
  - Physician
  - Licensed Health Care provider (for the sake of the law is defined as those listed under those allowed on a concussion oversight team)
  - Parent/guardian
- Once removed from play for a concussion, the athlete may not return until they have the following:
  - Has been evaluated by a physician
  - Has successfully completed return to play protocols
  - Written clearance has been provided by physician
  - Parent guardian has:
    - Attached is a very important aspect of the new concussion law. This form must be filled out by the parents before an athlete may Return to Play after a concussion. This is in addition to a physician clearance. This is also available on the IHSA website: http://www.ihsa.org/documents/forms/current/Post-concussion%20Consent%20Form%20(RPT-RTL).pdf

- Acknowledged that the student has completed the return to play requirements
- Provided the written clearance to the appropriate staff at the school
- Sign a consent form stating:
    - Has been informed and consents to the athlete returning to play
    - Understands the risks of returning to play, and will comply with ongoing requirements
    - Consents to basic HIPAA disclosures
    - Understands immunity provisions

EDUCATION AND COMPLIANCE

- On-going education
    - On-going training on the topics of concussion must be competed every 2 years by:
        - All coaches (no less than 2 hours)
        - Licensed healthcare providers who serve on the Concussion Oversight Committee (volunteer or staff)
            - Athletic trainer must take an approved course, or a BOC accredited course on the topic matter of concussions
        - Physician who is a part of a Concussion Oversight Committee
    - Proof of these courses must be submitted to district superintendent or designee
    - Those not in compliance, may not be a part of the concussion oversight team
    - All training must be completed by 9/1/16
    - The IHSA will keep a list of those who are eligible to provide courses for coaches
    - A student may not partake in interscholastic activity for a school year until both the athlete and parent has signed a form a concussion information form. This form must be approved by the IHSA.
- If the Superintendent chooses a designee to be responsible for the oversight of the concussion management protocol, this person cannot coach a interscholastic athletics team.
- The law specifically does not:
    - Waive immunity from liability from a school or employees/agents
    - Create liability against a school

    - Create liability of those on the concussion oversight team in the event of a catastrophic event
- The State Board of Education may adopt rules as necessary to administer this law.

EMERGENCY ACTION PLAN

- Each institution shall create a venue specific emergency action plan for interscholastic activities. Each plan shall:
    - Be in writing
    - Reviewed by the athletic trainer
    - Approved by the school superintendent
    - Distributed to all appropriate personnel
    - Posted conspicuously at all venues
    - Reviewed annually