

Mattoon Community Unit School District #2
Return to Play (RTP) & Return to Learn (RTL) Protocols

In accordance with the *Youth Concussion Sports Safety Act* and *Board Policy 7.350*, MCUSD#2 Coaches and Band Directors are required to complete online concussion certification training on the IHSA website at <http://ihsa.org/default.aspx>.

Concussion Incident:

Remove a student from interscholastic athletic practice or competition when the student is believed to have suffered a concussion. A student must be removed from an interscholastic athletic practice or competition immediately if one or more of the following persons believes that a student sustained a concussion during the practice and/or competition: a coach; a physician; a game official; an athletic trainer; the student's parent/guardian; the student; or any other person deemed appropriate under the school's return-to-play protocol.

Return to Play Protocol (RTP):

The student removed from interscholastic athletic practice or competition may not return to practice or compete again until each of the following have occurred.

Step 1:

Student **evaluated** using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, **by a treating physician (chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student) or an athletic trainer working under the supervision of a physician.**

Step 2:

Student has successfully completed each requirement of the District's Return to Play (RTP) Protocol cited below:

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. No Activity	Symptom limited physical and cognitive rest	Recovery
2. Light Aerobic Exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate. No resistance training	Increase heart rate
3. Sport-Specific Exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add Movement
4. Non-Contact Training Drills	Progression to more complex training drills, e.g. passing drills in football and ice hockey. May start progressive resistance training	Exercise, coordination, and cognitive load
5. Full Contact Practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to Play	Normal game play	

Step 3:

Student has completed Return to Learn (RTL) Protocol

Step 4:

The treating physician or athletic trainer working under the supervision of a physician has **provided a written statement** indicating that, in the physician's professional judgment, it is safe for the student to return to play and return to learn. Student and Parent/Legal Guardian sign and **submit Post-Concussion Consent Form (Appendix C).**

Return to Learn Protocol (RTL):

While it is true that an athlete must be 100% symptom-free before RTP, they do not need to be 100% symptom-free to RTL. The student may return to school when symptoms are tolerable and manageable, *as long as the school makes appropriate adjustments for the student* (the key point is that the school must understand concussions and necessary accommodations in order for the student who is still exhibiting symptoms to return to learn). The school psychologist and/or the school nurse are the most skilled professionals at the school to help advise the parent and doctor when it is best to return the student to school. Practitioners in concussion management have found it challenging to create a one size-fits-all graduated RTL formula for academics. The complexities of the learning environment do not lend themselves to a linear stepwise RTL model. Instead, as symptoms of a concussion are cyclical and ever changing, the RTL protocol reflects the fluidity needed to choose interventions that are logical, reasonable, and flexible (See Chart Below).

Guidance for Parent/Guardians/Students:

Steps	Progression	Description of Suggested Examples – Not all Inclusive
1	HOME—Total Rest	<ul style="list-style-type: none"> • Stay at home • No driving • No mental exertion—computer, texting, video games, homework
2	HOME—Light Mental Activity	<ul style="list-style-type: none"> • Stay at home • No driving • Up to 30 minutes mental exertion • No prolonged concentration
Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms		
3	SCHOOL—Part Time Maximum accommodations Shortened day/schedule Built-in breaks	<ul style="list-style-type: none"> • Provide quiet place for scheduled mental rest • Lunch in quiet environment • No significant classroom or standardized testing • Modify rather than postpone academics • Provide extra time, help and modified assignments
Progress to Step 4 when student handles 30–40 minutes of sustained mental exertion without worsening of symptoms		
4	SCHOOL—Part Time Moderate accommodations Shortened day/schedule	<ul style="list-style-type: none"> • No standardized testing • Modified classroom testing • Moderate decrease of extra time, help and modification of assignments
Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms		
5	SCHOOL—Full Time Minimal accommodations	<ul style="list-style-type: none"> • No standardized testing; routine tests are OK • Continued decrease of extra time, help and modification of assignments • May require more support in academically challenging subjects
Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics		
6	SCHOOL—Full Time Full academics No accommodations	<ul style="list-style-type: none"> • Attends all classes • Full homework and testing
When symptoms continue beyond 3–4 weeks, parent/guardian contact student’s health care provider.		

Step 1:

Student **evaluated** using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, **by a treating physician (chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student) or an athletic trainer working under the supervision of a physician.**

Step 2:

Student's treating physician completes the **School Recommendations Following Concussion Form (Appendix D)** and submits to the school. School staff apply appropriate RTL recommendations.

Step 3:

The treating physician or athletic trainer working under the supervision of a physician has **provided a written statement** indicating that, in the physician's professional judgment, it is safe for the student to return to play and return to learn. Student and Parent/Legal Guardian sign and **submit Post-Concussion Consent Form (Appendix C).**

Appendix A

Students

Student Athlete Concussions and Head Injuries

The Superintendent or designee shall develop and implement a program to manage concussions and head injuries suffered by students. The program shall:

1. Prepare for the full implementation of the Youth Sports Concussion Safety Act, that provides, without limitation, each of the following:
 - a. The Board must appoint or approve members of a Concussion Oversight Team for the District.
 - b. The Concussion Oversight Team shall establish each of the following based on peer-reviewed scientific evidence consistent with guidelines from the Centers for Disease Control and Prevention:
 - i. A return-to-play protocol governing a student's return to interscholastic athletics practice or competition following a force of impact believed to have caused a concussion. The Superintendent or designee shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol.
 - ii. A return-to-learn protocol governing a student's return to the classroom following a force of impact believed to have caused a concussion. The Superintendent or designee shall supervise the person responsible for compliance with the return-to-learn protocol.
 - c. Each student and the student's parent/guardian shall be required to sign a concussion information receipt form each school year before participating in an interscholastic athletic activity.
 - d. A student shall be removed from an interscholastic athletic practice or competition immediately if any of the following individuals believes that the student sustained a concussion during the practice and/or competition: a coach, a physician, a game official, an athletic trainer, the student's parent/guardian, the student, or any other person deemed appropriate under the return-to-play protocol.
 - e. A student who was removed from interscholastic athletic practice or competition shall be allowed to return only after all statutory prerequisites are completed, including without limitation, the return-to-play and return-to-learn protocols developed by the Concussion Oversight Team. An athletic team coach or assistant coach may not authorize a student's return-to-play or return-to-learn.
 - f. The following individuals must complete concussion training as specified in the Youth Sports Concussion Safety Act: all coaches or assistant coaches (whether volunteer or a district employee) of interscholastic athletic activities; nurses who serve on the Concussion Oversight Team; athletic trainers; game officials of interscholastic athletic activities; and physicians who serve on the Concussion Oversight Team.

- g. The Board shall approve school-specific emergency action plans for interscholastic athletic activities to address the serious injuries and acute medical conditions in which a student's condition may deteriorate rapidly.
2. Comply with the concussion protocols, policies, and by-laws of the Illinois High School Association, including its *Protocol for NFHS Concussion Playing Rules* and its *Return to Play Policy*. These specifically require that:
 - a. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.
 - b. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
 - c. If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.
3. Require that all high school coaching personnel, including the head and assistant coaches, and athletic directors obtain online concussion certification by completing online concussion awareness training in accordance with 105 ILCS 25/1.15.
4. Require all student athletes to view the Illinois High School Association's video about concussions.
5. Inform student athletes and their parents/guardians about this policy in the *Agreement to Participate* or other written instrument that a student athlete and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition.
6. Provide coaches and student athletes and their parents/guardians with educational materials from the Illinois High School Association regarding the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury.
7. Include a requirement for staff members to notify the parent/guardian of a student who exhibits symptoms consistent with that of a concussion.

LEGAL REF.: 105 ILCS 5/22-80.
105 ILCS 25/1.15.

CROSS REF.: 4:170 (Safety), 7:300 (Extracurricular Athletics)

Adopted: February 14, 2012



Post-concussion Consent Form
(RTP/RTL)



Date _____

Student's Name _____ Year in School ^{6 7 8}
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 _____

SCHOOL RECOMMENDATIONS FOLLOWING CONCUSSION

Patient Name: _____ Date of Birth: _____
 Date of Evaluation: _____ Referred by: _____
 Duration of Recommendations: 1 week 2 weeks 4 weeks Until further notice

The patient will be reassessed for revision of these recommendations in _____ weeks.

This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the patient from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. Feel free to apply/remove adjustments as needed as the student's symptoms Improve/worsen.

Current Symptoms List (the student is noting these today)

Attendance

- _____ No school for _____ school day(s)
- _____ Attendance at school _____ days per week
- _____ Full school days as tolerated by the student
- _____ Partial days as tolerated by the student

Breaks

- _____ Allow the student to go to the nurse's office if symptoms increase
- _____ Allow student to go home if symptoms do not subside

Visual Stimulus

- _____ Allow student to wear sunglasses/hat in school
- _____ Pre-printed notes for class material or note taker
- _____ Limited computer, TV screen, bright screen use
- _____ Reduce brightness on monitors/screens
- _____ Change classroom seating as necessary

Audible Stimulus

- _____ Lunch in a quiet place with a friend
- _____ Avoid music or shop classes
- _____ Allow to wear earplugs as needed
- _____ Allow class transitions before bell

Workload/Multi-Tasking

- _____ Reduce overall amount of make-up work, class Work and homework
- _____ Prorate workload when possible
- _____ Reduce the amount of homework given each night

Testing

- _____ Additional time to complete tests
- _____ No more than one test a day
- _____ No standardized testing until _____
- _____ Allow for scribe, oral response, and oral delivery of questions, if available

Physical Exertion

- _____ No physical exertion/athletics/gym/recess
- _____ Walking in gym class only
- _____ Begin return to play protocol as outlined by Return to activity form

Additional Recommendations

Current Symptoms List (the student is noting these today)

- | | | | |
|-----------------|----------------------------|--------------------------------|---------------------|
| _____ Headache | _____ Visual problem | _____ Sensitivity to noise | _____ Memory issues |
| _____ Nausea | _____ Balance Problems | _____ Feeling foggy | _____ Fatigue |
| _____ Dizziness | _____ Sensitivity to light | _____ Difficulty concentrating | _____ Irritability |

Student is reporting most difficulty with/in

- | | | | |
|--------------------|-----------------------------|------------------------|-----------------------|
| _____ All subjects | _____ Reading/Language arts | _____ Foreign Language | _____ Math |
| _____ Science | _____ Music | _____ History | _____ Using computers |
| _____ Focusing | _____ Listening | _____ Other _____ | |

 MD signature Office Phone Fax

I, _____, give permission for Dr. _____ to share the above information with my child's school and for communication to occur between the school and Dr. _____ for changes to this plan _____

Parent Signature