

**SCHOOL DISTRICT 308
RETURN TO LEARN (RTL) and RETURN TO PLAY (RTP)
PROTOCOL FOR CONCUSSION**

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

OVERSIGHT CONCUSSION MANAGEMENT TEAM

- Athletic Trainer(s) OR Advanced Practice Nurse, OR Neuropsychologist OR Physician Assistant
- Physician
- School Nurse(s)
- High School Athletic Director(s)
- High School Counselor(s)
- Junior High Athletic Director(s)
- District Appointee
- District Appointee

PRESEASON

A concussion management tool (test) is used prior to athletic participation. The test is given to each athlete to establish a baseline score which can be compared to future scores for an athlete with a head injury. On high school level this test is given to freshmen, juniors and all new students to District 308 athletics. On the junior high level this test is given to 7th graders, any athletes new to the district or 6th graders that will participate in cross country and/or wrestling. 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 time of injury (if athletic trainer is present at event);
- Athletes suspected of a concussion will be pulled from game or practice and must meet minimum requirements to return to participation which includes release by a physician or athletic trainer working under a physician's license/direction to return to play;
- Concussed athletes MUST complete both the RTL and RTP protocol(s) as set forth by SD308. However, RTL must be completed prior to being cleared through RTP; and
- All athletes must be approved by a physician as well as the parent(s) to return to athletic participation (Parent/Student complete IHSA form for RTP/RTL and submit a doctor release).

RETURN TO PLAY/ DISQUALIFICATION GUIDES

An athlete able to pass all physical tests (see RTP guidelines) and not expressing any outward signs or symptoms of a head injury, may be allowed to return to play.

If an athlete is allowed to RTP the same day, the athlete will be monitored by athletic training staff and required to follow-up with an Athletic Trainer Certified (ATC). If an athlete is removed from play, and not allowed to return, the following steps will be taken to care for the athlete:

- Athlete monitored by ATCs while with team;
- Parents are notified their athlete has a possible head injury and provided warning signs to watch for, as well as any other pertinent information (should a doctor be seen, care instructions, etc.);
- Athlete will be instructed to follow up with ATCs the next day for reevaluation (may include symptoms checklist, physical ability test, concussion management test, etc.)
- Athlete will be reevaluated on a daily basis until they meet RTL/RTP criteria.

DOCTOR VISITS

While each case will be handled individually, the following criteria are guidelines which may require the athlete's immediate referral to a physician:

- Athlete becomes unconscious;
- Athlete shows significant signs of head injury or reports significant symptoms;
- Athlete shows significant change in mental status;
- It is recommended that student with head injuries see a physician.

RETURN TO LEARN GUIDELINES (RTL must be completed before RTP)

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

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 criteria will determine if an athlete may begin the Return to Play Protocol:

- Athlete must be symptom free for a minimum of 72 hours; and
- Athlete's post-injury concussion management test is 90%+ of pretest scores; and
- Athlete must be able to pass physical ability testing (vestibulocular testing, etc.).

If all criteria are met, athletes 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 with each athlete to return to full participation.

When an athlete is seen by a physician (ER or primary care), a written doctor's release MUST be presented prior to RTL and RTP protocols being completed.

Public Act 99-0245 (Formerly Senate Bill 7)

CONCUSSION MANAGEMENT OVERSIGHT TEAM

- Each school shall create a concussion oversight team which shall consist of:
 - o Physician – licensed to practice in all of its branches (Most chiropractors are not included in this definition); AND
 - o Athletic Trainer*; OR
 - o Advanced Practice Nurse**; OR
 - o Neuropsychologist; OR
 - o 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:
 - o Coach
 - o Physician
 - o Licensed Health Care provider (for the sake of the law is defined as those listed under those allowed on a concussion oversight team)
 - o Parent/guardian
- Once removed from play for a concussion, the athlete may not return until they have the following:
 - o 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](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 completed 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