

Alden-Hebron School District 19

Concussion Care Protocol

General Information:

A concussion is a type of traumatic brain injury- or TBI- caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce and twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

A student's best chances of full recovery from a concussion involves two critical components: cognitive and physical rest. Research continues to show that cognitive rest is essential and helps quicken the resolution of concussion symptoms. It also shows that continued physical activity is not beneficial to those that suffer from a concussion.

Key Terms and Definitions:

Return to learn-The process a student must follow for return to full cognitive/academic activities.

Return to play-The process to return to full sport's participation.

Important Notes:

1. It is recommended that this protocol be shared with any student's primary care physician during the initial student's visit (not the E.R.).
2. Recovery from a concussion is different for each student. It should be noted that students should not be compared to other students or other people who have suffered from previous concussions.
3. For the concussion care protocol to take effect, the student must be evaluated by a health care provider and documentation must be provided in writing to the school nurse and school office. If a student has received an emergency room and/or acute care note, a student will not be allowed to return to full participation or participating in school until a health care provider has provided the appropriate documentation.
4. A student's missed academic work will be considered an excused absence and extra time will be provided to complete the assignment upon full recovery as outlined in the parent/student handbook.
5. As the student progresses through the different stages of the concussion, teachers should only assign work that is essential for student success in the classroom. A reduction in course workload is recommended to ensure that the student's healing process can take full effect.
6. A student who returns to school should report to the school nurse daily to help monitor symptoms and determine the progression to the next stage within the concussion care protocol.
7. Continued complications with a concussion may result in a temporary medical 504 plan determined by the team consisting of: student services coordinator, school nurse, parent, student (if applicable), and at least one teacher.

Four Stage Progression for Students with Concussion

Stage 1: Complete Rest (may be up to several days)

- Symptoms associated with Stage 1
 - o Headache or pressure in head (These may be continuous and frequent)
 - o Dizziness
 - o Nausea (May be throwing up)
 - o Sensitivity to light and sound
 - o Unusual mood swings for student
 - o Fatigue
 - o Inability to stay on task (May not be able to read for more than 10 minutes at a time)
 - o Struggling to recall simple steps
- Initial evaluation required by health care official.
- Restrictions- Return to Learn
 - o No physical education classes, behind the wheel driver's ed, or Fine Arts participation (includes class and practices)
 - o No school attendance until proceeding to stage 2
 - o No tests, quizzes, or homework (homework may be collected for future completion)
- Restrictions- Return to Play
 - o No attending practices
 - o No attending games
- Procedures
 - o Parent and student receive copy of AHHS Concussion Care Protocol
 - o School nurse will notify student's teachers and appropriate staff
- Progress to stage 2:
 - o Decrease in light sensitivity
 - o Decrease in intensity and frequency of headaches.
 - o Ability to read for more than 10 minutes at a time without symptoms.
 - o Decreased feeling of foginess and confusion.

If the student stays in stage 1 for more than two weeks, the student support services coordinator will be notified, and a team will be assembled to determine if a 504 plan is necessary.

Stage 2: Return to School

- Symptoms associated with Stage 2
 - o Symptoms of stage 1 are mild.
 - o Symptoms increase with physical and mental activities
- Nurse will evaluate student when the student comes to school and when the student leaves for the day.
- Restrictions- Return to learn
 - o ½ day alternating school schedule (for example: day 1 morning classes, day 2 afternoon classes)
 - o No BTW driver's ed until cleared by a physician. (Report to study hall)
 - o No participation in Fine Arts practices or classes until cleared by a physician. (Report to study hall)
 - o No participation in recess.
 - o Go to nurse's office two minutes before the bell rings and stay through passing time to avoid unnecessary hallway noise and traffic. Proceed to locker and class after the tardy bell.
 - o Screen time limited to under 10 minutes at a time. Student may wear sunglasses during these viewing times.
 - o Work should be limited to 15–20-minute increments, especially if requiring cognitive thought.
 - o No tests, quizzes, or homework (This includes standardized testing)
 - o Provide student with printed copies of class notes.
 - o May wear sunglasses in school to reduce light sensitivity
- Restrictions- Return to play
 - o Does not participate in practice (May attend to watch if noise level is not bothersome)
 - o May attend home games but does not attend away games.
- Progress to stage 3
 - o School activity in stage 2 does not increase symptoms
 - o Overall symptoms continue to decrease

Stage 3- Full Day of School Attendance

- Symptoms associated with Stage 3
 - o Symptom free at rest.
 - o Mild to moderate symptoms with cognitive and school day activities
- Nurse will evaluate student upon arrival to school and prior to the student leaving for the day.
- Restrictions- Return to Learn
 - o Full day of school.
 - o Does not participate in PE (May attend to watch if noise level is not bothersome)
 - o No BTW driver's ed until cleared by a physician (report to study hall)
 - o No participation in Fine Arts practices or classes until cleared by a physician. (report to study hall)
 - o No participation in recess
 - o May proceed to passing times without restrictions. If needed, the student may go to nurse's office two minutes before the bell rings and stay through passing time to avoid unnecessary hallway noise and traffic. Proceed to locker and class after the tardy bell.
 - o Screen time limited to under 20 minutes at a time. Student may wear sunglasses during these viewing times.
 - o Work should be limited to 15-20- minute increments, especially if requiring cognitive thought.
 - o Test and quizzes should be limited to the following:
 - No more than one test a day in all subject matter.
 - Test should be given one page at a time.
 - Student may take a break during a test or be given extended time to complete the testing.
 - o Provide students with printed copies of class notes.
 - o May wear sunglasses in school to reduce light sensitivity
- Restrictions- Return to play
 - o Does not participate in practice (May attend to watch if noise level is not bothersome)
 - o May attend all games
- Progress to stage 4
 - o Student is completely symptom free.
 - It is the student's responsibility to share if symptoms return.
 - o Written clearance from primary care physician to participate in full cognitive/academic activities.
 - o Primary care doctor may clear student for full cognitive activity prior to receiving clearance for full physical activity.

Stage 4- Full Academic and limited Physical activity

- Symptoms associated with stage 4
 - o Asymptomatic with academic/ cognitive activities and physical activities
- Nurse will evaluate student upon arrival to school and prior to when the student leaving for the day on the first full day.
- Nurse will follow up one full week after full academic activity.
- Restrictions- Return to Learn
 - o Student resumes full academic rigor. Primary care physician must give clearance. Nurse will notify all necessary staff.
 - o Create a plan to complete all required work needed from absences. (school counselor, teacher, student)
 - o Consider tutoring services as needed (school counselor)
 - o Make-up work from other stages should only be given if it is absolutely necessary for course credit.
 - o Primary care physician must give clearance for the student to return to the following: BTW driver's ed, Fine Arts classes, practices, performances, recess, and PE participation. Upon receipt of clearance, the school nurse will discuss the return to full participation with the PE teacher.
- Restrictions- Return to Play
 - o Written clearance from the primary care physician is required to begin physical activity.
 - o The following protocol or stages will be put in place upon receiving the physician clearance for physical activity. Each phase will take place 24 hours following the previous step. If symptoms return in any phase, a 24-hour period of rest is required before repeating the phase.
 - Stage 1- Parents and student athletes must sign the IHSA Post-concussion consent form. Player will also follow any specific instructions form their doctor or their RTP.
 - Stage 2- Player returns to practice with minimal aerobic activity (for example: exercise bike, walking, or light jogging) in 10–15-minute increments.
 - Stage 3- Player will move to moderate activity (for example: jogging, brief running, moderate intensity on stationary bike or weightlifting) in 30–45-minute increments.
 - Stage 4- Player will return to intense non-contact activity. (For example: sprinting, long distance run, intense weightlifting) in 30–45-minute increments
 - Stage 5- Player will return to full practice and contact.
 - Stage 6- Competition- If the player has not shown any signs of a “delayed concussion” or “reoccurring symptoms” after going through the four steps, the player will be allowed to return to play.

Stage 5- Follow-up

- The school nurse will follow up with the student one week after the student has returned to full return to learn and/or return to play.
- The student is encouraged to meet with the school counselor to review grades, progress, and status of make-up work.
- The student should notify the school nurse if symptoms return.

For additional questions, please contact the school counselor, athletic director, or school nurse:

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AHHS Concussion Oversight Team

This team meets annually to review and make revisions as needed:

Tim Hayunga, AHHS/AHMS Principal

Bria Spiniolas, AH District Nurse

John Lalor, AH District Athletic Director

Jodie Kanaly, AHHS Driver Ed Teacher

Katie Beck, Student Services Coordinator

Resources:

Center for Disease Control and Prevention (CDC) (2015) Heads up to Schools. Atlanta, GA: National Center for Injury Prevention and Control; Division of Unintentional Injury Prevention. Retrieved from <http://www.cdc.gov/headsup/schools/index.html>

<https://www.cdc.gov/headsup/schools/index.html>

<https://www.train.org/cdctrain/course/1089818/>

Illinois High School Association (July 2017) Concussion Information Sheet. Blomington, IL Retrieved from <http://www.oihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx>

Illinois department of Public Health <https://www.dph.illinois.gov/topics-services/prevention-wellness/injury-violence-prevention/concussion>

Libertyville High School (n.d.) Libertyville High School Concussion Care Protocol. Libertyville, IL Retrieved from https://campussuite-storage.s3.amazonaws.com/prod/1059662/301794b6-30da-11e7-9e05-124f7febbf4a/1490019/989700a9-746f-11e7-99ef-124f7febbf4a/file/libertyville_high_school_concussion_care_protocol.pdf

National Federation of State High School Associations <https://nfhslearn.com/courses>

Alden-Hebron School District (n.d.) Alden-Hebron High School Return to Play Concussion Protocol.
Hebron, IL