



Rockdale School District

84

Concussion Guidelines

Established 2018-19

Introduction

This document represents the Rockdale School District 84 policy and procedure manual for concussion management with our students. This document reflects Illinois state law requirements for schools to implement Return to Learn and Return to Play guidelines that are designed to support the student with a concussion and maximize full recovery and quality of life (Public Act 099-0245).

The purpose of this document is as follows:

1. Explain the role of the Concussion Oversight Team (COT).
2. Define key terms associated with concussion and its' management.
3. Describe the procedures for reporting a concussion and follow-up.
4. Provide forms and information that can be duplicated and distributed to concerned parties.
5. Describe the general features of good concussion management.
6. Provide information for Rockdale School District 84 staff development and training regarding procedures following a concussion.

Concussion Information

A concussion is a brain injury; and, all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Return-to-Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Symptoms may include one or more of the following:	
<ul style="list-style-type: none">● Headaches● “Pressure in head”● Nausea or vomiting● Neck pain● Balance problems or dizziness● Blurred, double, or fuzzy vision● Sensitivity to light or noise● Feeling sluggish or slowed down● Drowsiness● Change in sleep patterns	<ul style="list-style-type: none">● Amnesia● “Don’t feel right”● Fatigue or low energy● Sadness● Nervousness or anxiety● Irritability● More emotional● Confusion● Concentration or memory problems (forgetting game plays)● Repeating the same question or comment

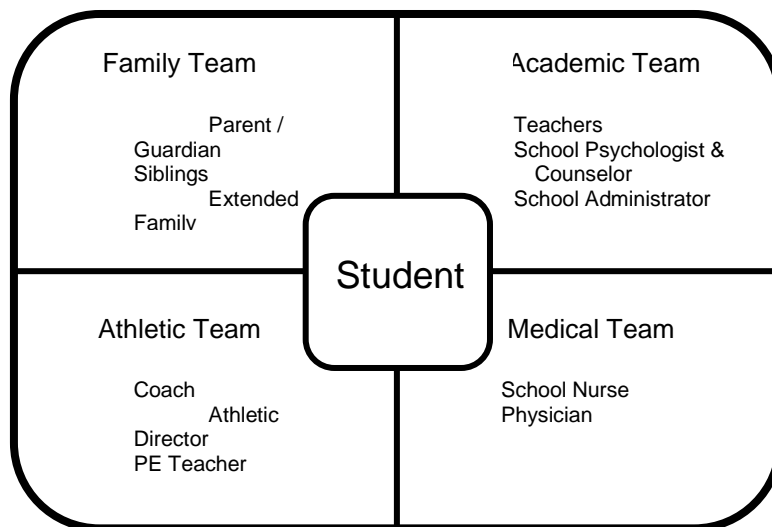
Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

The Concussion Oversight Team

The Concussion Oversight Team (COT) is comprised of four mini-teams that surround the student who has sustained a concussion. Successful recovery from a concussion requires that the student is surrounded by family and professionals who communicate frequently, are knowledgeable about what to do in the early days, are calm and supportive, and assist the student in managing exertion and rest balance.

When a concussion first occurs, the medical team works closely with the family team to ensure the student is medically stable and that the family knows what to do at home to start the recovery process. The next step involves the family and medical team informing the academic team of expected length of absence and how the return to school will be managed. If the student is an athlete, the athletic team will be involved with informing the family and other staff on how to anticipate and manage the return to play.



Key and Terms

Concepts

Before describing the procedures associated with concussion management, it is important to describe what is meant by various terms that will be used frequently during care.

Key Concepts	
Return to School	A general concept that means that the student is <i>free from all symptoms</i> during academic <i>and</i> sports activities and normal routines are established.
Return to Learn	Goal of <i>full academic activities</i> with no symptoms
Return to Play	Goal of <i>full academic and physical/sports activities</i> with no symptoms
Cognitive Activity	An activity that involves <i>mental stimulation</i> ; includes academic activities, social interactions, technology interactions, reading, writing, and music
Cognitive Rest	Limiting <i>cognitive</i> activities to prevent symptoms from surfacing
Tolerance of Activities	Tolerating certain activities post-concussion means participating without <i>exacerbating</i> symptoms.

When is a student ready to return to school after a concussion?

A student with a concussion should be evaluated by a licensed healthcare professional who has experience managing concussions for guidance about when it's safe to return to school as well as recommended appropriate levels of cognitive and physical activity throughout the recovery process.

Providing appropriate support for a student returning to school after a concussion requires a collaborative team approach.

Return to Learn (RTL) is the gradual process of recovery and reentry to academic studies following concussion, while **Return to Play (RTP)** is the process of returning to athletic activities post-concussion. Illinois law (Public Act 099-0245) states that a protocol for RTL and RTP needs to be established within all schools. Furthermore, a student has not fully returned to the classroom until the RTL protocol has been met and has not fully returned to physical education and interscholastic activities until both RTL and RTP protocols have been met (regardless of whether the concussion took place within the school setting or during interscholastic athletic activities). These protocols are meant to protect students and have been successful in preventing future injury and excessive time spent out of school and sports. RTL and RTP provide a safe and methodical way for students to return to normal, pre-injury activities as quickly as possible.

Guidelines for Return to Learn

Below is a framework outlining the stages of recovery that help a student with a concussion balance rest and tolerance of activities. The student and COT work together through all stages of Return to Learn. The COT, in conjunction with the student's parent and information from the student's health care provider will determine the Phase at which the student enters the protocol and advancement therein.

Return-to-Learn Framework

Points of Emphasis

- To initiate the Return-to-Learn protocol, the student must be evaluated by a licensed healthcare professional and documentation must be provided to the school.
- The protocol emphasizes allowing the student to participate in school in a modified fashion so as not to worsen symptoms. Determining "how much is too much" may be a trial and error process.
- The student should be granted adequate time to complete missed academic work based on the amount of time needed for complete recovery.
- As the student's recovery progresses through the outlined phases, teachers should be prepared to apply "mastery learning" criteria within their subject matter. By identifying essential academic work, teachers can facilitate recovery by reducing the student's anxiety levels related to perceived volume of work that will be required once he/she is medically cleared to resume a full academic load.

Phase 1: No School/Complete Cognitive Rest

- **Symptom Severity:** In this phase, the student may experience high levels of symptoms that at best prohibit the student from benefiting from school attendance and may cause symptoms to increase in intensity. During this stage, physical symptoms tend to be the most prominent and may interfere with even basic tasks. Many students are unable to tolerate being in the school environment due to severe headache, dizziness or sensitivity to light or noise.
- **Treatment:** Emphasis on cognitive and physical rest to allow the brain and body to rest as much as possible.
- **Intervention Examples:**
 - No School
 - Avoid activities that exacerbate symptoms. Activities that commonly trigger symptoms include reading, video games, computer use, texting, television, and/or loud music.
 - Other symptom "triggers" that worsen symptoms should be noted and avoided in the effort to promote healing
 - No physical activity- this includes anything that increases the heart rate as this may worsen symptoms
 - No tests, quizzes or homework
 - Provide students with copies of class notes (teacher or student generated)

Phase 2: Part-Time School Attendance with Accommodations:

- **Symptom Severity:** In this phase, the student's symptoms have decreased to manageable levels. Symptoms may be exacerbated by certain mental activities that are complex or of long duration. Often students can do cognitive activities but only for very short periods of time (5-15 minutes) so need frequent breaks to rest and "recharge their batteries".
- **Treatment:** Re-introduction to school. Avoid settings and tasks that trigger or worsen symptoms. In the first few days of returning to school the goal is not to immediately start catching up on the missed work or learn new material. Rather the initial goal is simply to make sure the student can tolerate the school environment without worsening symptoms. This means the first few days often include just sitting in class and listening (no note-taking or reading). Once the student can tolerate this, he/she can try short intervals (5-15 minutes) of cognitive work per class.
- **Intervention Examples:**
 - Part-time school attendance, with focus on the core/essential subjects and/or those which do not trigger symptoms; prioritize what classes should be attended and how often. Examples: (1) half-days, alternating morning and afternoon classes every other day; or (2) attending every other class with rest in the nurse's office, library or quiet location in between. - Symptoms reported by the student should be addressed with specific accommodations
 - Eliminate busy work or non-essential assignments or classes.
 - Limit or eliminate "screen time" (computers, phones, tablets, smart boards), reading and other visual stimuli, based on the student's symptoms.
 - Provide student with copies of class notes (teacher or student generated)
 - No tests or quizzes.
 - Homework load based on symptoms. There should be no due dates on homework assignments. This allows students to work at a pace that does not exacerbate symptoms and reduces their anxiety about completing the assignments. Many students have heightened anxiety during concussion recovery and due dates exacerbate this. Allow to leave class 5 minutes early to avoid noisy, crowded hallways between class changes.
 - No physical activity including gym/recess or participation in athletics
 - If this phase becomes prolonged and/or the student is unable to tolerate the school environment or do any work for even short periods of time, a tutor can be helpful (either in school or at home) to implement oral learning at a pace that does not worsen symptoms. A tutor can also help students organize their work and plan how they will spend their limited time studying (i.e. which assignment should I do first, second, third, etc.), as many students are unable to do this basic "executive function" task during concussion recovery.

Phase 3: Full-Day Attendance with Accommodations:

- **Symptom Severity:** In this phase, the student's symptoms are decreased in both number and severity. They may have intervals during the day when they are symptom-free. Symptoms may still be exacerbated by certain activities.

- **Treatment:** As the student improves, gradually increase demands on the brain by increasing the amount, length of time, and difficulty of academic requirements, as long as this does not worsen symptoms.
- **Intervention Examples:**
 - Continue to prioritize assignments, tests and projects; limit students to one test per day with extra time to complete tests to allow for breaks as needed based on symptom severity
 - Continue to prioritize in-class learning; minimize overall workload
 - Gradually increase amount of homework
 - Reported symptoms should be addressed by specific accommodations; Accommodations are reduced or eliminated as symptoms resolve
 - No physical activity unless specifically prescribed by the student's physician or health care provider. If the student has not resolved their symptoms after 4-6 weeks, health care providers will often prescribe light aerobic activity at a pace and duration below that which triggers symptoms. This "sub-systems threshold exercise training" has been shown to facilitate concussion recovery. The student can do this at school in place of their regular PE class, by walking, riding a stationary bike, swimming, or jogging. No contact sports are allowed until the student is completely symptom-free with full days at school and no accommodations, and has received written clearance from a licensed healthcare professional.

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Phase 4: Full-Day Attendance without Accommodations:

- **Symptom Severity:** In this phase, the student may report no symptoms or may experience mild symptoms that are intermittent.
- **Treatment:** Accommodations are removed when student can participate fully in academic work at school and at home without triggering symptoms.
- **Intervention Examples:**
 - Construct a reasonable stepwise plan to complete missed academic work; an extended period of time is recommended in order to minimize stress
 - Physical activities as specified by student's physician (same as phase 3)

Phase 5: Full School and Extracurricular Involvement:

- **Symptom Severity:** No symptoms are present. Student is consistently tolerating full school days and typical academic load without triggering any symptoms.
- **Treatment:** No accommodations are needed
- **Intervention Examples:**
 - Before returning to physical education and/or sports, the student should receive written clearance and complete a step-wise return-to-play progression as indicated by the licensed healthcare professional.

Managing the Return to School Process

Following a concussion, there should be an ongoing process of assessing, intervening, and monitoring between school personnel and healthcare providers. Although school adjustments need to be made on a case-by-case basis, the general process of returning

to school involves a delicate balance of rest and tolerance of activities. It is important to get plenty of sleep and rest while recovering from concussion. However, it is also important to gradually incorporate daily activities while managing exertion levels. If the symptoms surface, such as a headache or fatigue, the student must limit the current activity. For example, a student may only be able to attend a few classes per day instead of an entire school day, depending on the presenting symptoms. As symptoms decrease, the student can continue to gradually return to school activities, although school accommodations may still be necessary. With support from the COT, the student should learn about monitoring symptoms and working to tolerable limits. The concept of “not too little, not too much” in regards to activity levels has been shown to speed the recovery process and prevent further injury.

Additional Academic Accommodations for Post-Concussion

For students returning to school post-concussion, academic accommodations may help in reducing the cognitive load and facilitating Return to Learn. Adjustments made to the school schedule, work assignments, and how information is presented will help optimize recovery time and minimize post-concussion symptoms. Below are additional accommodations that may benefit students during recovery.

Attendance

- No school for _____ school day(s)
- Part time attendance for _____ school day(s) as tolerated
- Full school days as tolerated
- Tutoring homebound/in school as tolerated
- No school until symptom free or significant decrease in symptoms

Breaks

- All 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 in school
- Pre-printed notes for class material or copies of notes
- No smart boards, projectors, computers, TV screens, or other bright screens
- Enlarged font if possible

Auditory Stimulus

- Allow student to leave class 5 minutes early to avoid a noisy hallway
- Lunch in a quiet place
- Audible learning (discussions, reading out loud, text to speech program)

Workload/Multi-Tasking

- Reduce overall amount of make-up work, class work, and homework when possible
- No homework
- Limit homework to _____ minutes per night
- Prorate workload when possible

Testing

- No testing
- Extra time to complete tests
- No more than one test a day

Physical Exertion

- No physical exertion/athletics/PE
- Begin Return to Play guidelines under supervision of physician

Student Athletes and Return to Play

Once students can tolerate all pre-injury academic activities and schedules, they may then consider returning to athletic activities. The student's physician will be responsible for monitoring the Return to Play Protocol and also return to physical education activities. The Post - Concussion Consent Form needs to be completed by the parent / guardian and student as part of clearance to Return to Play. A physician's clearance is also required with this consent form. Below is a link that will open the IESA Post-Concussion Consent Form:

[IESA Post-Concussion Consent Form](#)

Concussion Identification and Intervention Procedures

In summary, a possible concussion may be identified at school when the student displays one or more of the concussion symptoms (see Concussion Signs and Symptoms Checklist) after an injury. The school nurse or other designated staff will call parent /

guardian to pick student up and take for a medical evaluation as soon as possible. If the student's condition deteriorates before parent / guardian arrives, emergency personnel will be contacted.

Ultimately, the student's physician will be responsible for evaluating and determining medical restrictions necessary for the student. The COT will work to assist students in receiving support through the appropriate resources at their respective schools. Students that have been diagnosed with a concussion are to be removed from all physical activity and other activities that exacerbate symptoms. Ongoing physician monitoring and reassessment of activities will be made based on present symptoms and individual progress.

Training

Not less than once every 2 years, coaches of interscholastic athletic activities must complete training courses that provide for not less than 2 hours of training in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects. These training programs will be found on a list of individuals and organizations authorized by the Illinois High School Association to provide the training.

Not less than once every 2 years, a nurse must take a course concerning the subject matter of concussions that has been approved for continuing education credit by the Department of Financial and Professional Regulation.

References

Ann & Robert H. Lurie Children's Hospital of Chicago, Institute for Sports Medicine (2011). Return to learn after a concussion: A guide for teachers and school professionals. Retrieved from https://www.iesa.org/documents/general/IESA-Lurie_RTL_Guide.pdf

Centers for Disease Control and Prevention. Heads up to schools: know your concussion ABCs. Retrieved from <https://cdc.gov/headsup/schools>

Youth Sports Concussion Safety Act, 105 ILCS 5/22-80. 099-0245. (2015).

Illinois Elementary School Association. Concussion Information Sheet. Retrieved from: <https://www.iesa.org/documents/health/IESA-ConcussionSign-Off.pdf>

Resource Links

[Illinois Elementary School Association](#)

[Post-Concussion Consent Form](#)

[Concussion Signs & Symptoms Checklist](#)

[A Student in Your Class Has a Concussion](#)

[Concussions: A Brief Guide for Students](#)

[Classroom Concussion Assessment Form](#)