

Hoopeston Area CUSD #11
Suspected Concussion Procedure
Return to Play and Return to Learn

The Concussion Oversight Team (the COT) will consist of a high school principal, district athletic director, high school dean of students, athletic trainer, varsity head coach, and a high school teacher.. The COT will oversee the return-to-play and return-to-learn plans for each individual student affected with a concussion.

A student must be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

- (1) a coach;
- (2) a physician;
- (3) a game official;
- (4) an athletic trainer;
- (5) the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (6) the student;
- (7) a school administrator; or
- (8) any other person deemed appropriate under the school's return-to-play protocol.

Once a student has been removed from interscholastic practice or competition due to concussion or suspected concussion, a member of the COT shall fill out a "Suspected Concussion Form." The student may not return to practice or competition until:

- (1) the student has been 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;
- (2) 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; and
- (3) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student have signed and returned the 'IHSA/IESA Post-concussion Consent Form (RTP/RTL)."
- (4) the student has successfully completed each requirement of the return-to-learn protocol;
- (5) the student has successfully completed each requirement of the return-to-play protocol.

Suspected Student Concussion Form

Date of Suspected Concussion			
Description of Suspected Concussion Event Observed			
Method of Parent/Guardian Contact			
<input type="checkbox"/> Personal contact	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Message Left	<input type="checkbox"/> Email
<input type="checkbox"/> Other (Describe)			
Date of Parent/Guardian Contact			
Concussion Oversight Team Member Contacted		Name	
Position of Concussion Oversight Team Member Contacted			
<input type="checkbox"/> Administrator	<input type="checkbox"/> Athletic Director	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Trainer (if applicable)
Were medical health care professionals involved with the event?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If medical health care professionals identify who was involved with the event and actions taken			
Name of the person filling out form		Signature	
Date form was completed			

Return-to-Play (RTP) Protocol

The following protocol must be followed for any student suspected of having experienced a concussion prior to the student's return-to-play (RTP) only after the child has been cleared through the school's return-to-learn (RTL) procedure. Until cleared through both RTP and RTL, no student suspected of suffering a concussion event will be permitted to practice or compete in interscholastic competition.

A coach of an interscholastic athletics team may not authorize a student's return to play or return to learn.

Step 1 – Medical Release

Once removed from practice or competition due to suspected concussion event, no student may return to practice or competition until 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.

Step 2 – Post-concussion Consent Form

Once the medical release described above has been received by the school, a student removed from practice or competition due to suspected concussion event may only return to engage in the RTP or RTL after providing written consent from both the student and the student's parent/guardian.

Step 3 – Return to Learn

Once the consent form described above has been received by the school, a student removed from practice or competition due to suspected concussion event must adequately complete the return-to-learn (RTL) protocol.

Step 4 – Return to Play Process

Once the student has completed the RTL protocol, a student removed from practice or competition due to suspected concussion event must complete the return the play (RTP) process prior to being permitted to participate in interscholastic practice or competition:

Light Activity – student engages in light aerobic exercise only to increase an athlete's heart rate; The student may be asked to complete 5 to 10 minutes on an exercise bike, or may be observed walking or light jogging. No resistance training may be conducted at this stage. The student's heart rate will be monitored and will not exceed 70% maximum rate. Objective of light activity is to raise heart rate and observe no concussion symptoms. COT must document that student demonstrates and that the student reports no concussion symptoms on the RTP Form before moving on to moderate activity.

Moderate Activity – student engages in activities to increase an athlete’s heart rate with limited body or head movement; moderate jogging, brief running, moderate-intensity stationary biking, moderate intensity weightlifting. Objective of moderate activity is to add the student’s movement in sport-specific capacity and observe no concussion symptoms. COT must document that student demonstrates and that the student reports no concussion symptoms on the RTP Form before moving on to heavy non-contact activity.

Heavy Non-Contact Activity – student engages in more intense, non-contact physical activity close to typical routine, such as sprinting/running, high intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills. Objective of heavy non-contact activity is to exercise and test the student’s cognitive function and coordination during regular sport-intensive activity. COT must document that student demonstrates and that the student reports no concussion symptoms on the RTP Form before moving on to full contact practice, training, and/or full game play.

Full Contact Practice, Training, and/or Full Game Play – Only after the student has advanced through light activities, moderate activities, and heavy non-contact activities may the student be cleared to return to full team activities (full contact practice, training, and/or game play) by the COT team.

Return to Play Form

Step #1 Medical Release – Once removed from practice or competition due to suspected concussion event, no student may return to practice or competition until 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

Date student was examined by a physician or athletic trainer working under the supervision of a physician	
Date student was cleared by physician or athletic trainer working under the supervision of a physician to return to athletic activities	
Name of the physician or athletic trainer working under the supervision of a physician authorizing the student's return	
*Attach copy of medical release to this form	

Step 2 – Post-concussion Consent Form

Once the medical release described above has been received by the school, a student removed from practice or competition due to suspected concussion event may only return to engage in the RTP or RTL after providing written consent from both the student and the student's parent/guardian. *Attach signed consent to this form

Step 3 – Return to Learn

Once the consent form described above has been received by the school, a student removed from practice or competition due to suspected concussion event must adequately complete the return-to-learn (RTL) protocol.

Step 4 – Return to Play Process

Once the student has completed the RTL protocol, a student removed from practice or competition due to suspected concussion event must complete the return the play (RTP) process prior to being permitted to participate in interscholastic practice or competition:

Light Activity – student engages in light aerobic exercise only to increase an athlete's heart rate; The student may be asked to complete 5 to 10 minutes on an exercise bike, or may be observed walking or light jogging. No resistance training may be conducted at this stage. The student's heart rate will be monitored and will not exceed 70% maximum rate. Objective of light activity is to raise heart rate and observe no concussion symptoms. COT must document that student demonstrates and that the student reports no concussion symptoms on the RTP Form before moving on to moderate activity.

Moderate Activity – student engages in activities to increase an athlete's heart rate with limited body or head movement; moderate jogging, brief running, moderate-intensity stationary biking, moderate intensity weightlifting. Objective of moderate activity is to add the student's movement in sport-specific capacity and observe no concussion symptoms. COT must document that student demonstrates and that the student reports no concussion symptoms on the RTP Form before moving on to heavy non-contact activity.

Heavy Non-Contact Activity – student engages in more intense, non-contact physical activity close to typical routine, such as sprinting/running, high intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills. Objective of heavy non-contact activity is to exercise and test the student's cognitive function and coordination during regular sport-intensive activity. COT must document that student demonstrates and that the student reports no concussion symptoms on the RTP Form before moving on to full contact practice, training, and/or full game play.

Full Contact Practice, Training, and/or Full Game Play – Only after the student has advanced through light activities, moderate activities, and heavy non-contact activities may the student be cleared to return to full team activities (full contact practice, training, and/or game play) by the COT team.

Return to Play Process Log

Date of Light Activity Engagement			
Light Activity Utilized	<input type="checkbox"/> 5 minutes walking	<input type="checkbox"/> 5 minutes biking	<input type="checkbox"/> 5 minutes jogging
Or Other Light Activity	Describe		
Any observed concussion symptoms by a COT member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any reported concussion symptoms by student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Released by COT Member to next RTP progression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
COT Member Signature (cannot be a coach)		Student Signature	
Date		Date	

Date of Moderate Activity Engagement			
Moderate Activity Utilized	<input type="checkbox"/> 5 minutes jog/run	<input type="checkbox"/> 5 minutes moderate biking	<input type="checkbox"/> 5 minutes moderate weight lifting
Other Moderate Activity	Describe		
Any observed concussion symptoms by a COT member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any reported concussion symptoms by student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Released by COT Member to next RTP progression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
COT Member Signature (cannot be a coach)		Student Signature	
Date		Date	

Date of Heavy Non-Contact Activity Engagement			
Moderate Activity Utilized	<input type="checkbox"/> 5 minutes sprint/run	<input type="checkbox"/> 5 minutes intense biking	<input type="checkbox"/> 5 minutes regular weight lifting
Other Heavy Non-Contact Activity	Describe		
Any observed concussion symptoms by a COT member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any reported concussion symptoms by student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Released by COT Member to return to regular athletic activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
COT Member Signature (cannot be a coach)		Student Signature	
Date		Date	

Return-to-Learn (RTL) Protocol

The following protocol must be followed for any student suspected of having experienced a concussion prior to the student's return-to-play (RTP). Only after the child has been cleared through the school's return-to-learn (RTL) procedure, may the child proceed with the RTP protocol. Until cleared through both RTP and RTL, no student suspected of suffering a concussion event will be permitted to practice or compete in interscholastic competition.

A coach of an interscholastic athletics team may not authorize a student's return to play or return to learn.

Step 1 – Medical Release

Once removed from practice or competition due to suspected concussion event, no student may return to practice or competition until 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.

Step 2 – Post-concussion Consent Form

Once the medical release described above has been received by the school, a student removed from practice or competition due to suspected concussion event may only return to engage in the RTP or RTL after providing written consent from both the student and the student's parent/guardian.

Step 3 – Return to Learn Process

A member of the COT who is not a coach will be designated by the COT to manage the Return to Learn process and monitor student participation in school activities and work with teachers, administrators, and parents to work the student into a position where the student can attend school with full time attendance without accommodations/interventions.

The designated member of the COT will contact the parent to discuss this procedure and to discuss concussion symptoms.¹

¹ References:

Concussion Symptoms

Physical	Cognitive	Emotional	Sleep
Headache	Feeling mentally foggy	Irritability	Trouble falling asleep
Dizziness	Feeling slowed down	Sadness	Sleeping more than usual
Balance difficulties	Difficulty concentrating	Nervousness	Sleeping less than usual
Nausea/vomiting	Difficulty remembering	More emotional than usual	Drowsy
Fatigue	Difficult focusing		Altered sleep schedule
Sensitivity to light			
Sensitivity to noise			
Visual Changes			

Each student's concussion symptoms and solution may be different. The plan for each student's recovery will be individualized, and based upon the symptoms and specific needs of the student.

After contacting parents and the student, the designated member of the COT will determine an appropriate treatment plan for the student.

The COT will not be required to exhaust all phases, nor will the COT be required to apply any particular interventions or accommodations. The COT must, however, document a written plan for the full return to learn of the child which takes into account the child's specific symptoms and needs and prioritizes appropriate progress toward return to the regular learning environment and achievement of learning goals.

The designated COT member will converse with teachers, administrators, then re-engage the student and student's parents to explain and implement the plan for the student's return to learn. The designated COT member (who may not be a coach) will place in writing the plan for the student's return to learn.

<https://www.luriechildrens.org/en-us/care-services/specialties-services/institute-for-sports-medicine/concussion-program/Documents/lurie-return-to-learn-guide.pdf>

Return-to-Learn Phase Description

Phase 1: No School/Complete Cognitive and Physical Rest

- **Symptom Severity:** In this phase, the student may experience high levels of symptoms that prohibit the student 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 daily 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 or trigger additional 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 cognitive 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 environments 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. Again, determining how much is too much is a trial and error process.
- **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 missed assignments. Many students have heightened anxiety during concussion recovery and due dates exacerbate this.
 - Allow the student to leave class a few minutes early to avoid noisy, crowded hallways between class changes.
 - No physical activity including gym, PE or 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 or every other 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 can be reduced or eliminated as symptoms resolve

- No physical activity unless specifically prescribed by the student's medical team. 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-symptom 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 completing full days at school and requires no academic accommodations, and has received written clearance from a licensed health care professional.

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 step-wise 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. The student is consistently tolerating full school days and their typical academic load without triggering any concussion related symptoms. · **Treatment:** No accommodations are needed

· **Interventions:** - 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.

Return-to-Learn (RTL) Engagement Plan

The COT must, however, document a written plan for the full return to learn of the child which takes into account the child’s specific symptoms and needs and prioritizes appropriate progress toward return to the regular learning environment and achievement of learning goals.

The designated COT member will converse with teachers, administrators, the student and student’s parents to explain and implement the plan for the student’s return to learn. The designated COT member (who may not be a coach) will place in writing the plan for the student’s return to learn.

Description of Student’s Symptoms/Needs			
Description of Plan/Accommodations/Interventions			
Method of Parent/Guardian Contact			
<input type="checkbox"/> Personal contact	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Message Left	<input type="checkbox"/> Email
<input type="checkbox"/> Other (Describe)			
Date of Parent/Guardian Contact			
Concussion Oversight Team Member			
<input type="checkbox"/> Administrator	<input type="checkbox"/> Athletic Director	<input type="checkbox"/> School Nurse	<input checked="" type="checkbox"/> Trainer (if applicable)
Name of the person filling out form		(Signature)	
Date			