

Farmington Central CUSD #265

Concussion Care Protocol

General Information:

A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. Continued research has shown cognitive rest to be essential in the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading, and studying. These stimuli must be limited, and in most cases, completely avoided for a period of time during recovery. Physical activity such as physical education, athletics, and strength or cardiovascular conditioning must be completely avoided or regulated while recovering from a concussion.

It is recommended that this protocol is shared with the student's primary care physician (licensed to practice medicine in all its branches, i.e. pediatrician) during the initial visit.

Stages of Concussion Recovery and Academic/Athletic Participation:

1. Complete Rest
2. Return to School
3. Full Day of School Attendance
4. Full Academic and Athletic Participation

Points of Emphasis:

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.
- For the concussion care protocol to be initiated the student must be initially evaluated by a physician and or athletic trainer (licensed to practice medicine in all of its branches) and documentation must be provided to the athletic trainer or the athletic director.
- The student's missed academic work will be reviewed and granted extra time to complete, in conjunction with the physician recommendations.
- As the student's recovery progresses through Stages 1-3, teachers should identify essential academic work in each subject and collaborate with administration, as needed, to determine potential reduction in course workload. This will promote healing, and help reduce the student's anxiety level related to the perceived volume of work that will be required once the student is medically cleared to resume a full academic load.
- It is important upon return to school the student report to a member of the "Concussion oversight team" and determine progression to the next stage within the concussion care protocol.

Four Stage Progression to Full Return to Academic and Athletic Activity

Stage 1: Complete Rest (*Usually lasts 2-4 days, could last more than 1 week per individual case*)

- Characteristics
 - Severe symptoms at rest
 - Symptoms may include but are not limited to:
 - Headache or pressure in head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, unusual changes in mood, fatigue
 - Students may complain of intense and continuous/frequent headaches
 - Students may not be able to read for more than 10 minutes without an increase in symptoms
- Initial evaluation by physician and or athletic trainer
- No PE or athletic participation (includes practices and attending events)
- Interventions:
 - No school attendance for at least one full day - emphasize cognitive and physical rest
 - Sports: does not attend practice/games
 - No tests, quizzes or homework
 - Parent and student receive copy of FCSD #265 Concussion Care Protocol
 - Athletic Director will notify student's teachers and appropriate staff

*Progress to stage 2 when:

- Decreased sensitivity to light or noise
- Decreased intensity and frequency of headaches, dizziness, foginess and confusion
- Ability to do light reading for 10 minutes without increased symptoms

*If the student remains in Stage 1 longer than 2 weeks, the student will need to seek appropriate and additional medical assistance. A member of the "COT" will assist in providing any additional medical information needed.

Stage 2: Return to School (*Options for altered daily class schedule*)

- Characteristics
 - Mild symptoms at rest, but increasing with physical and mental activity
- Modified class schedule
 - limited attendance for 1-2 weeks. Example: alternate afternoon classes and morning classes, repeat as symptoms warrant
- No PE or athletic participation (may attend practices or PE class but no participation)
- Report daily to a member of the "COT".
- Interventions:
 - Avoid choir, band, PE areas, cafeteria
 - Rest in office to offer breaks between academic classes
 - Limit computer work, videos/movies in class
 - Wear sunglasses when viewing Smart Boards, PowerPoint presentations as needed
 - No tests, quizzes or homework (divide up work into smaller portions)
 - Math and science computations may be more difficult during recovery
 - Provide student with copies of class notes (teacher or student generated)
 - Audio books are helpful for students struggling with visual processing

*Progress to stage 3 when:

- School activity does not increase symptoms and overall symptoms continue to decrease

Stage 3 : Full Day of School Attendance

- Characteristics
 - Symptom free at rest
 - Mild to moderate symptoms with cognitive and school day activity
- No PE or athletic participation (may attend practices/events or PE class, but no participation)
- Report daily to a member of the “COT”.
- Interventions:
 - Continue with interventions listed in Stage 2 as needed
 - Progress to limited homework, tests, quizzes (may split tests into halves, limit to 1 test per day)

*Progress to stage 4 when:

- Symptom free with cognitive and physical activity
 - Student should report any return of symptoms with cognitive or school day activity
- Written clearance by primary care physician for return to physical and full academic activities.

Stage 4: Full Academic and Athletic Participation

- Characteristics:
 - Asymptomatic with academic/cognitive and physical activities
- Report daily to a member of the “COT”. Student will begin the Illinois High School Association’s (IHSA) required Return to Play Protocol with the athletic trainer and or sport specific coaching staff.
- Interventions:
 - Resumption of full academic responsibilities once symptoms have resolved completely as determined by primary care physician.
 - Create plan for possible modification and gradual completion of required make-up work (school counselor, teacher, department supervisor)
 - Teachers have the discretion to identify essential academic work for their course.
 - Students are not required to makeup missed PE classes due to a concussion.
 - Required to follow the IHSA Return to Play Protocol under the direction of the athletic trainer and or their sport specific coaching staff.
- IHSA Return to Play Protocol (required)
 - Written clearance from the primary care physician is required to begin physical activity
 - The IHSA Return to Play Protocol includes 5 phases of activity with increasing intensity. Each phase will take place 24 hours following the previous step. If symptoms return during any phase, a 24 hour period of rest is required before repeating that phase.
 - For the student athlete: This protocol will be performed under the supervision of a member of the “COT”.
 - Stage 1: Light aerobic activity
 - Stage 2: Increased aerobic activity
 - Stage 3: Non-contact activity related to specific sport/skill
 - Stage 4: Full contact activity
 - Stage 5: Return to competition

Follow Up

- A member of the “COT” will conduct a follow-up assessment with the student one week after he/she returns to full academic and athletic activity.
- The student is encouraged to meet with school counselor regularly to discuss progress, grades, and status of make-up work.
- The student is encouraged to meet with a member of the “COT” to assess any recurring symptoms.

Resources:

Centers for Disease Control

Illinois High School Association

Head Smart: A Healthy Transition after Concussion – South Shore Hospital, Weymouth, MA

Consensus statement on concussion in sport – The 4th International Conference
on concussion in sport - Zurich, November 2012

FHS Concussion Task Force:

Ruben Gayon, COT Member

Jeff Flater, District Activities Director

Dr. Brandon Bockewitz, Physician Member

Jim Noonan, Head Girls Basketball Coach

Krista Neave, FCHS Counselor

Candy Johnson, APN, CPN

Toby Vallas, Head Football & Girls Track Coach

Jeff Otto, Head Boys Basketball Coach

Glendale Wright, School Nurse

Farmington Central Jr/Sr High School

Return to Learn & Return to Play Form

The following student, _____, has been evaluated by the physician for a possible concussion after showing and/or reporting one or more concussion-like symptoms after sustaining a head injury on _____.

In my professional judgement, the student:

_____ did sustain a concussion. With this diagnosis, the student is required to begin the Return to Learn protocol.

_____ did not sustain a concussion and is medically cleared for full participation in all activities without restriction as the student has been evaluated by the physician and no concussion is suspected.

Treating Health Care Provider Information (Please Print/Stamp)

Please check:

____ Medical Doctor (MD) ____ Osteopathic Physician (D.O.)

____ Nurse Practitioner (NP) ____ Physician Assistant

____ Clinical Neuropsychologist w/concussion training

Provider's Name: _____ Provider's Office Phone: _____

Provider's Signature: _____

Provider's Office Address: _____

Farmington Central Jr/Sr High School

School Recommendation Form

Patient Name _____

Date of Evaluation _____

Provider's Signature _____

This patient has been diagnosed with a concussion and is currently under our care. Please excuse the patient from school today due to a medical appointment. It is suggested that the following recommendations be implemented to avoid increasing concussion symptoms and delaying recovery.

Please allow the following academic recommendations from _____ thru _____

(Please see reverse side for additional information)

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

Visual Stimulus

- Allow student to wear sunglasses in school
- Pre-printed notes for class material or note taker
- No smart boards, projectors, computers, TV screens or other bright screen
- Enlarged font when possible

Workload/Multi-tasking

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

Physical Exertion

- No physical exertion/athletics/gym
- Begin return to play protocol prior to returning to gym or athletics

Current Symptom List

- Headache
- Visual Problems
- Dizziness
- Nausea
- Fatigue

(the patient is complaining today of)

- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling mental foggy
- Balance Problems

Breaks

- Allow student to go to the nurses office if symptoms increase
- Allow student to go home If symptoms do not subside

Audible Stimulus

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

Testing

- No testing
- Extra time to complete tasks
- No more than one test a day
- Oral Testing
- Open book testing

Additional Recommendations

- Other:

- Sensitivity to light
- Sensitivity to noise
- Feeling more emotional
- Irritability

- Trouble falling asleep
- Drowsiness
- Sleeping less than usual
- Sleeping more than usual