

## **Protocol for Management of Concussion Lincolnshire Prairie-View School District 103**

### **INTRODUCTION**

On July 1, 2011, Illinois House Bill 200 (Public Act 0204) became effective, requiring schools to adopt a policy for concussion management in student athletes, in conjunction with Illinois High School Association guidelines. In Summer 2015, the Illinois General Assembly added Section 22-80 to the Illinois School Code to further address concerns that some students are prematurely returned to play following a head injury.

This protocol is developed outlining procedures utilizing evidence based guidelines and best practice for Lincolnshire Prairie View District 103 schools to follow in the area of support for the student with a concussion. The procedure outlined will address immediate safety of students with concussions and a recovery plan for the student with a concussion, including a “return to learn” and “return to play” protocol to assist in the student’s optimal readiness to return to sports and school.

### **CONCUSSIONS IN THE SCHOOL SETTING**

A *concussion* is a type of traumatic brain injury (TBI) that interferes with normal function of the brain. This is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The severity of a TBI may range from mild, which may consist of a brief change in mental status, to severe, where an extended period of unconsciousness or amnesia after the injury occurs. However, less than 10 percent of players actually lose consciousness with a concussion. A concussion is significant in that an increase in injury or death can result if not properly evaluated and managed.

*Post Concussion Syndrome* is a series of physical, cognitive and emotional symptoms that last a varying amount of time after concussion. Symptoms may appear right away or may not be noticed for days or weeks after the head injury, resolving or lingering for days or weeks.

The number and severity of symptoms, as well as the impact on a student’s academic and social functioning, and the speed of recovery will be different for each student. To optimally recover from a TBI, there is most often a need for both physical and cognitive rest. Physical symptoms such as headache, dizziness and visual changes may interfere with the student’s ability to focus and concentrate. Cognitive symptoms may impact the student’s ability to learn, memorize and process information as well as keep track of assignments and tests. Current advice shows that a period of cognitive rest is essential to recovery. Examples of cognitive stimulation to avoid and monitor include: video games, computer use, watching television, text messaging, cell phone use, studying, reading, noisy and/or bright environments, driving. Physical activity requiring modification or regulation may include recess, physical education (PE), athletics, strength or cardiovascular conditioning. As a result, coordination and collaboration among health care professionals, coaches, teachers, parents, and the student themselves is necessary.

There are four general 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/Activity Participation

**It is recommended that this protocol be shared with the student’s primary care physician (licensed to practice medicine in all its branches) during the initial visit.**



### Important Points of Emphasis

- Recovery from a Concussion/TBI is a very individualized process and comparisons must not be made between students as they progress through each stage. Many students recover very quickly and will move through the stages in a matter of days. Others' recovery may be prolonged.
  - Elementary school students are more likely to complain of physical symptoms or misbehave in response to cognitive overload, fatigue and other concussion symptoms.
  - Middle school aged students may try to minimize their symptoms so as not to stand out and to return to their sport quicker. At this grade level, time management of assignments and tasks may have a greater impact on academic functioning.
- A student athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from participation or competition at that time.
- In order for the concussion protocol to be initiated, the student must be evaluated. A note from an Emergency Room/Urgent Care Center is considered temporary. Within one week, a student is required to be seen by a primary care physician and/or specialist treating the concussion (licensed to practice medicine in all its branches) and documentation from the evaluation must be provided to the school's nurse.
- Should a concussion plan be submitted by the physician, it should be followed. j
- The student's missed academic work will be reviewed by the teacher(s) and extra time will be granted for completion, in conjunction with the physician's recommendations and school nurse guidance.
- As the student's recovery progresses through Stages 1-3, teachers should identify only essential academic work/reduction in workload as needed. This will promote healing, reduce recovery time and alleviate the student's anxiety related to perceived volume of work in each subject that will be required once the student is medically cleared to resume a full academic load.
- The teacher has the option of assigning the student with a grade of "incomplete" or "medically excused" for the progress report, final exam, and/or quarter/trimester grade.
- A referral to the Problem Solving Team (PST) may be made at any time depending on the student's level of performance. This should include a discussion of implementing a Section 504 Plan/ Individual Education Plan depending on the severity of the injury and student's level of performance.
- It is important that the student report to the nurse daily for monitoring of symptoms, and assisting in progression to the next stage within the protocol.
- An IHSA Venue Specific Emergency Action Plan will be posted in each school office and given to each coach, intramural facilitator and PE teacher yearly.

## **Stage 1 – Complete Rest**

This stage usually lasts 2-4 days, but could be more than 1 week.

Characteristics:

- Severe symptoms at rest
- Symptoms may include but are not limited to:
  - Headache or pressure in the head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, lack of recall/memory, feeling mentally “foggy,” mood changes, irritability, 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.
- Medical evaluation by primary care physician/specialist treating the concussion (licensed to practice medicine in all its branches) within one week
- No participation in recess/athletics/PE (including practices and attending events)
- Accommodations:
  - No school attendance for at least one full day following injury. Emphasize cognitive and physical rest.
  - Sports: Does not attend practices/games/recess
  - No tests, quizzes or homework. Teachers begin to compile missed assignments to be shared via folder or by the electronic means utilized (i.e. haiku)
  - Parent and student will be given copy of D103 Protocol for Management of Concussion.
  - The school’s Nurse will notify the student’s teachers and appropriate staff.

Progress to Stage 2 when student reports improvement in his/her concussion symptoms such as but not limited to:

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

**The School’s Nurse will consult with the treating primary care physician after obtaining a release of information for any additional, recommended interventions and for input into the student’s progression through steps.**

## Stage 2- Return to School

This stage includes options for altered daily class schedule, part time or modified days

Characteristics:

- Symptoms have decreased to manageable levels, may have mild symptoms at rest, but increasing with physical and mental activity

Accommodations:

- Modified Class Schedule – limited attendance until ready to pass to next stage of recovery (may be 1-2 weeks). For example, a shortened day, morning or afternoon attendance as warranted, or attend every other class
- No PE, recess, or athletic participation
- Report daily to the school's Nurse for assessment checklist of symptoms
- Other interventions in the classroom/school, including but not limited to:
  - Avoid noisy areas as needed i.e. choir, band, PE areas, cafeteria, playground
  - Rest breaks in the nurse's office
  - Reduce weight of backpack or provide second set of books in classroom, use of on-line textbooks
  - Allow extra time between classes or for hallway travel avoiding noisy, crowded spaces
  - Limit screen time: smart board, computer, tablets, videos, and movies. Provide paper copies.
  - Divide work into smaller segments (attempt 5-15 minutes of cognitive work at a time).
  - No tests or quizzes.
  - Homework load dependent on symptoms with flexible due dates.
  - Consider providing copy of class notes (teacher or peer generated)
  - Consider audiobooks for students with visual processing difficulties
  - Consider need for Homebound Tutor Support if this phrase becomes prolonged or student is unable to tolerate the school environment. Collaboration and direct communication with the treating physician is essential for instituting Homebound support.

Progress to Stage 3 when:

- School activity does not increase symptoms
- Overall symptoms continue to decrease
- Written clearance by primary care physician/ and/or specialist treating the concussion obtained for transition to Stage 3



### **Stage 3 – Full Day of School Attendance**

This stage is characterized by freedom of symptoms at rest, decreased symptoms in both number and severity. There may be mild to moderate symptoms exacerbated by cognitive work and longer school attendance.

Accommodations:

- No PE, recess or athletic participation (may attend practices/events and PE class, but no participation). Can be outside for recess, but not run or play.
- For the Student - Must report to the school's Nurse daily for assessment checklist
- Continue with Stage 2 interventions as needed. Focus on in-school learning.
- Prioritize assignments, tests and projects
- Progress gradually to limited homework, tests, quizzes; limit to one test per day and no more than 30 minutes of homework per night.

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/ and/or specialist treating the concussion obtained for return to physical and full academic activities.

**If unable to progress to Stage 4 after 3 weeks, and it is unlikely the student will be able to make up required work, the Problem Solving Team (PST), principal and parents will consider possible course/schedule changes or further interventions.**



#### **Stage 4 – Full Academic and Athletic Participation**

Characteristics of this stage include no symptoms with academic/cognitive and physical activities.

Accommodations:

- Student - must continue daily check in with the school's nurse for symptom assessment checklist. If the student has 3 consecutive symptom free days, the student does not need to continue check in with the nurse.
- Resume full academic responsibilities once symptoms have resolved completely as determined by the primary care physician or the specialist treating the concussion. The school's Nurse will notify teachers.
- Continue to implement a reasonable "catch up" plan for modified essential academic work and gradual completion of required make up work (teachers, PST referral if needed). The physical activity portion of missed PE classes will not be made up.
- For the Student Non-Athlete:
  - Written clearance from the primary care physician to return to full participation in PE and recess will be required. Upon receipt of clearance, the school's nurse will consult with the PE teacher as needed regarding appropriate participation within the current activity.
- For the Student Athlete:
  - Required to follow the IHSA Return to Play Protocol under the supervision/direction of the Coach (see below)
  - Written clearance from the primary care physician or the specialist treating the concussion is required to begin physical activity.
  - Completion of Post Concussion Return to Participation Form signed by student and parent.
  - The IHSA Return to Play Protocol includes 5 Stages of activity with increasing intensity. Each phase will take place at a minimum of 48 hours following the previous one. If symptoms return during any phase, a 48-hour period of rest is required before repeating that phase.
  - Student Athlete Protocol (under the Coach's direct supervision)
    - Stage 1: Light aerobic activity – walking, swimming, stationary bike at <70% maximum heart rate for 48 hour minimum
    - Stage 2: Increased aerobic activity – increase intensity of above exercises for 48 hour minimum
    - Stage 3: Non-contact activity related to specific sport/skill – shooting drill, running drill. No activities with possible head impact for 48-hour minimum.
    - Stage 4 Full contact activity – participate in normal training activities, full exertion for 48 hours minimum.
    - Stage 5: Return to competition

## Concussion Procedures for School Personnel

### The Role of the Coach

- Complete the State of IL required Concussion Training (2 hours) every 2 years
- Secure the *Permission to Participate in Extra Curricular Activities* form prior to tryouts.
- Prior to each season, distribute the Concussion Information Sheet to all participants, ensuring that parental and student signatures are obtained and the form is returned to school.
- During the sport's season, utilize the *Concussion Checklist*
- A student athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from participation or competition at that time by the coach or official. Once removed from participation, the student cannot return to play until medically evaluated.
- Notify parents of the student's injury, or if severe, call 911. A *Heads Up Concussion: A Fact Sheet For Parents* should be given to parent and advise that the athlete should be evaluated by a physician for a concussion.
- Complete a District 103 *Student Accident Report* and notify the school's Nurse of the student's injury. Notify the Athletic Director and administrator in attendance.
- Stay updated with the student's recovery progression.
- Initiate and monitor the Return to Play protocol once the school's nurse receives written clearance from the student's primary care physician/specialist treating the student.

### The Role of the Nurse

- Complete the State of IL required Concussion Training (2 hours)
- If student injury occurs at an athletic event or outside of school:
  - Initiate concussion protocol after receiving physician's note.
  - Obtain release of information to communicate with primary care physician.
  - Maintain communication with parents, teachers, administrator and physician.
  - Complete the daily assessment checklist of student's health status.
  - Once the student reaches Stage 4 of Recovery and is ready for Return to Play, obtain and share the written clearance from the primary care physician. Secure that parents sign the Post Concussion Consent form.
- If student injury occurs at school (exclusive of athletic event):
  - Use Concussion Signs and Symptoms Checklist for assessment of injury. Parents will be notified that their child sustained an injury to the head at school and referred to their health care professional for further medical evaluation. Ask for a physician's note after evaluation for concussion.
  - Initiate concussion protocol after receiving physician's note.
  - Obtain release of information to communicate with primary care physician.
  - Maintain communication with parents, teachers, athletic director (if applicable) administrator and physician.
  - Complete the daily assessment checklist of the student's health status.
  - Once the student reaches Stage 4 of Recovery and is ready for Return to Play, obtain and share the written clearance from the primary care physician. Secure that parents sign the Post Concussion Consent form.

### **The Role of the Classroom Teacher**

- Upon notification that a student has sustained a TBI/Concussion, begin to review the student's missed academic work.
- Prioritize essential classroom work and modify assignments as needed per protocol.
- Initiate accommodations as needed and indicated by student's condition.
- Maintain communication with parents, student and nurse during recovery period and report student progress and concerns

### **The Role of the Physical Education Teacher**

- Stay updated with the student's recovery progression.
- Initiate and monitor the student's participation in PE class protocol once written clearance is received from the student's primary care physician.
- Consult with the school's Nurse regarding the student's appropriate participation within the current PE activity.
- Maintain communication with parents, student and nurse during recovery period and report student progress and concerns.

### **The Role of the Administrator**

- Ensure that staff is provided yearly education/training on the impact of TBI/concussions and the district's **Protocol for Management of Concussion**.
- Upon notification that a student has sustained a TBI/concussion, the administrator supports the student's return to learn plan by following up with faculty and staff, and monitoring necessary accommodations; for example, extended deadlines, reduction in work load, eliminating assignments as appropriate
- Upon notification that a student has sustained a TBI/concussion, the administrator supports the student's return to play plan by following up with faculty and staff/coaches, and monitoring necessary accommodations; for example, gradual participation in recess, PE and sport practices.
- Communicates with nurse regarding the student's schedule and accommodations as needed; for example, scheduled visits to the nurse's office, rest breaks from learning/activities within the student's schedule.
- Facilitates and supports the need for changes in a student's schedule, initiation of homebound services, and referral to Problem Solving team when warranted by the student's progress.
- In conjunction with the school nurse, encourage communication with the private physician, parents and school personnel regarding determination for the student's needs at school.

### **The Role of the Athletic Director**

- Provide information to coaching staff for mandatory State of IL education/training on the impact of TBI/concussions and the district's Protocol for Management of Concussion.
- Monitor and document coaches' compliance with mandated education.
- Provides coaches with necessary required forms/information related to TBI/concussion and sports participation:
  - *Permission to Participate in Extra Curricular Activities D103: Daniel Wright Junior High School*
  - *Concussion Information Sheet (to be signed by parent and student prior to competition)*
  - *Concussion Checklist- Heads up: Brain Injury in your Practice (CDC Palm Card for coaches)*
  - *Heads Up Concussion - A Fact Sheet For Parents (to be given to parent in event of a suspected concussion occurring during play/practice)*
  - *Student Accident Report to be completed in the event of injury*
  - *An IHSA Venue Specific Emergency Action Plan for their sport's location*



- Upon notification that a student has sustained a TBI/concussion, the athletic director reinforces and supports the student's return to play plan by following up with coaches, and monitoring necessary accommodations; for example, gradual participation in sport practices and game

## **EDUCATION FOR SCHOOLS**

Mandated training requirements depend on the position held by an individual. All initial Concussion training must be completed by September 1, 2016 and submitted to the Superintendent or designee.

The following individuals are required to complete training:

- Coaches/Assistant Coaches of an interscholastic athletic activity
- Nurses who serve on the Concussion Oversight Team (course approved for Continuing Education credit by the DFPR)
- Game officials of an interscholastic athletic activity
- Athletic trainers (course for Continuing Education credit by an athletic trainer sponsor approved by the DFPR)
- A physician who serves on the Concussion Oversight Team (course approved for Continuing Medical Education credit on concussions)
- All student athletes are required to view the IHSA's video on concussions.

Sample Required Concussion Trainings for Coaches and Nurses:

- Lurie Children's Hospital – Return to Learn: A Guide for School Professionals (no CEU)
- NFHS Concussion Training- (Coaches)
- IESA/IHSA Concussion Certification Course - (Coaches)
- IASN Concussion Training- (Nursing with CEU)

### **Resources**

For additional questions, please contact the school's nurse or the principal:

#### **Daniel Wright Junior High School**

Michelle Blackley-Principal, Tom Herion or Melody Littlefair-Assistant Principals or

Kelly Brunning-School Nurse

847-295-1560

#### **Half Day School**

Jill Mau-Principal or Penny Williams-Nurse

847-634-6463

#### **Laura Sprague School**

Ann Hofmeier-Principal or Cassie Horvath-Nurse

847-945-6665

2/05/18



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