



Galesburg CUSD #205
Concussion Management
Program

Galesburg High School

Post-Concussion Return-to-Learn and Return-to-Play Guidelines

With the increasing prevalence of concussions, specific protocols for returning a student to learning after a concussion is essential. Because a student typically appears well physically after a concussion it makes it difficult for school officials to recognize the need for accommodations for a student with a concussion.

What is a concussion?

A concussion is a type of brain injury resulting from a bump, blow, or jolt to the head that causes the head and brain to move rapidly back and forth. A direct blow to the head is not required to cause a concussion; this type of injury can result from a hit to the body that transmits force to the head. Concussions affect people differently. Most students experience symptoms lasting for a few days to weeks.

Concussion Symptoms

Physical	Cognitive	Emotional	Sleep
Headache	Feeling mentally foggy	Irritability	Trouble falling asleep
Dizziness	Feeling slowed down	Sadness	Drowsy
Balance Difficulties	Difficulty Concentrating	Nervousness	Sleeping less than usual
Sensitivity to light and/or noise	Difficulty Remembering	More emotional than usual	Sleeping more than usual
Fatigue	Difficulty focusing		Altered sleep schedule
Nausea / Vomiting			
Visual Changes			

A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. Continued research has focused on the fact that cognitive rest is essential to the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, video games, computers, text messaging, cell phone use, loud and /or bright environments, television, reading and studying; these must be limited, and in most cases, completely avoided. Physical activity such as physical education, sports activities, and strength or cardiovascular conditioning must be regulated or avoided while recovering from a concussion.

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. The information below is provided to teachers, parents and students as a guide to assist with concussion recovery.

- It is recommended that students who are experiencing concussion-like symptoms be examined by their physician.
- For the academic protocol to be initiated, the student must be evaluated by a healthcare professional and documentation must be provided to the school.
- The physician will evaluate the student and will submit the required documentation (School Academic Accommodation Form) to start the Return-to-Learn Protocol (RTL).
- The student will meet with the School Nurse and/or Athletic Trainer and will be placed in a phase of the RTL Protocol based on the physician's orders.
- The school nurse will distribute the School Academic Accommodation form to all pertinent teachers and the student's school counselor
- It is important that once the student has returned to school that they report to the Athletic Trainer or School Nurse daily in order to monitor symptoms as well as to determine progression to the next stage within the Return-to-Learn protocol. The Symptoms Checklist will be used during this process (see attachment).
- Within Phases 1-3, they will be granted the opportunity to complete missed academic work as outlined in the current school policy.
- The teacher has the option of assigning the student a grade of incomplete (I) for the quarter, final and/or semester grade.
- Once the student progresses to Phase 4 of the RTL protocol, the student can then begin the Return-to-Play Protocol (RTP).
- Once the RTP protocol has started, the school accommodations will cease. You cannot Return-to-Play if you have not Returned-to-Learn.

Return-to-Learn Framework

Phase 1: No school attendance, emphasize cognitive and physical rest

- **Characteristics**
 - ◆ Severe symptoms at rest; which may include but are not limited to:
Headache, dizziness, nausea, sensitivity to noise or light
Abnormal ImPACT results
 - ◆ Emphasis on cognitive and physical rest to allow the brain and body to rest as much as possible
- No tests, quizzes, or homework
- Students may be sensitive to light and noise
- Students may complain of intense and continuous/frequent headaches
- Avoid reading, video games, computer use, texting, television and/or loud music
- No physical activity
- Provide student with copies of class notes (teacher or student generated)

Progress to Phase 2 when:

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

Note: If the student remains in Phase 1 longer than 2 weeks it is recommended that he/she be placed on the Student Support Team, in order to discuss impact on school performance

Note: Students who remain in Phase 1 for more than one week must be evaluated by a physician in order to continue academic modifications.

It is important that once the student has returned to school that they report to the Athletic Trainer or School Nurse daily in order to monitor symptoms as well as to determine progression to the next stage within the Return-to-Learn protocol.

Phase 2: Option for modified daily class schedule with accommodations

- **Characteristics**
 - Mild symptoms at rest, increasing with physical and mental activity
 - Abnormal ImPACT scores
 - Students can do cognitive activities but only for a short period of time so need frequent breaks to rest.
- May reduce length of school day as symptoms warrant
- Re-introduce school, avoid settings and tasks that trigger or worsen symptoms
- The student may only tolerate sitting in class and listening and may try short intervals of cognitive work (5-15 minutes) as tolerated

- No tests or quizzes
- Provide student with copies of class notes (teacher or student generated)
- May obtain a pass from the Nurse for extra time between classes to avoid noisy hallways
- May rest in Nurses office
- May wear sunglasses in class
- Limit “screen time” (computers, phones, tablets)
- Excused from physical education classes and /or sports activities
- Report daily to Athletic Trainer or School Nurse

- Progress to Phase 3 when:
 - ◆ Each of the student’s classes have been attended at least once
 - ◆ School activity does not increase symptoms
 - ◆ Overall symptoms continue to decrease

Phase 3: Full day of school with accommodations

- ◆ Characteristics
 - Symptom-free at rest
 - Mild to moderate symptoms with mental and physical activity
 - Abnormal ImPACT results
- Continue to prioritize assignments, test and projects; limit student to one test per day with extra time to complete test to allow for breaks as needed based on symptoms
- Gradually increase amount of homework
- Continue to prioritize in-class learning; minimize overall workload
- May obtain a pass from nurse for extra time between classes to avoid noisy hallways
- May go to Nurses office to rest
- Excused from physical education classes and/or sports activities
- Report daily to athletic trainer or school nurse

Progress to Phase 4 when:

- Symptom-free with mental and physical activity
- ImPACT scores have normalized and/or symptoms have resolved completely

If the student is not able to progress past stage 3 after an extended period of time, where it is unlikely the student will be able to make up required work, the Student Support Team will discuss with the student and their parents, possible class withdrawal, class load modification, and/or Section 504 plan.

Phase 4: Full academic load and Return-to –Play protocol

- Before returning to physical education and /or sports, the student should receive written clearance from their healthcare provider
- Resumption of current academic responsibilities once ImPACT scores have normalized and/or symptoms have resolved completely as determined by the appropriate healthcare professional
- Create plan for possible modification and the gradual completion of missed tests, quizzes, and homework
- It is recommended that the student does not take more than one test per day

Students will return to Physical Education classes and follow the Return-to-Play protocol under the direction of the Athletic Trainer.

Privacy

The return-to-learn team should recognize that communication is essential for the success of the management plan. However, they should be aware that a student's medical and academic information is considered private and is protected by the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). The team should have a clear understanding of who is allowed to receive information regarding a student's medical and academic status. Team members should only discuss what is absolutely necessary to manage a student's return-to-learn plan.

In compliance with requirements of the Illinois School Records Act that regulates how schools may share a "school student record" with a non-school employee, the student's parent or guardian (or student if s/he is over 18) must complete a Release of Medical Information (ROMI) if they would like the physician to speak with school staff about the student's medical care and provide guidance about how to implement the recommended accommodations. This release can be signed at the physician's office.

Formal Education Plans:

For students with prolonged symptoms who will require accommodations for several months, a formalized program may be implemented to ensure that the student's specific educational needs are being met by the school. Parents can work with school leaders to develop a 504 plan or individualized education program (IEP). The process is time intensive and requires extensive documentation, but does provide a legal document that describes the specific educational goals for the student and outlines the necessary accommodations to achieve them.

- **504 Plan:** Students with persistent symptoms and who require assistance to participate fully in school may be candidates for a 504 plan. A 504 plan will describe modifications and/or accommodations necessary to assist a student return to pre-concussion performance levels. This plan may specify that the student receive classroom and/or environmental adaptations, temporary curriculum modifications and/or behavioral strategies to assist with the learning plan.

- **Individualized Education Plan (IEP):** Some students experience prolonged symptoms that adversely affect school performance and necessitate help in many areas of study. These individuals may benefit from an Individualized Education Plan (IEP). An IEP can be useful to formalize accommodations such as adjusting assignments, reducing the student's workload, modification of testing procedures and changes to the learning environment. Most students will not require an IEP. An IEP should be considered for students with chronic deficits that lead to impaired school performance.

Note: The majority of students with a concussion will not require a 504 or IEP; however, a small percentage of students with chronic cognitive, physical or emotional deficits may require this level of support.

Galesburg 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. The student is 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.)

____ Clinical Neuropsychologist w/concussion training

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

Provider's Signature: _____

Provider's Office Address: _____

Return-To-Play

When a student is referred for further medical evaluation the physician's note and his/her recommendations will be followed in regards to release to participation in extra-curricular activities and physical education. The student must have a physician's written release to return to his/her given sport. In the event a physician releases a student back to participation and the student continues to demonstrate signs or symptoms, the School Nurse and/or Athletic Trainer has the authority to hold the student from athletic participation and follow a Graduated Return-To-Play Protocol .

Graduated Return-To-Play Protocol:

The student must have progressed through the Return to Learn protocol prior to beginning the Return to Play protocol.

Each step will take a minimum of 24 hours and will be performed by the Athletic Trainer and/or School Nurse.

Step 0: Student completes Return to Learn protocol, obtain a physician's release to return to the Athletic Trainer and/or School Nurse for implementation of return-to- play protocol

Step 1: Student must re-test against the baseline testing that was performed prior to the start of the athletic season, if applicable.

Step 2: Once student passes the cognitive test, if applicable, she/he may perform 30 minutes of aerobic activity with no contact with a heart rate in target range of 120 bpm.

Step 3: The student may perform 1 hour of non-contact aerobic exercise with sport specific drills.

Step 4: The student may participate in entire practice with non-contact drills. Student may also begin weight lifting and resistance training at this time.

Step 5: The student may return to full participation in practice with full contact.

Step 6: If no symptoms return in Step 5, the student will then be cleared to return to game participation.

Galesburg CUSD 205 Head Injury Symptom Scale

	None			Moderate			Severe
	0	1	2	3	4	5	6
Headache	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Numbness or tingling	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sleeping more than usual	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling as if "in a fog"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional than usual	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervousness	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Visual problems	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6

Form completed by: _____

Signature: _____

Parent/Guardian Signature: _____

Relationship to patient: _____

Date/Time: _____

Interpreter (as applicable): _____



Galesburg CUSD #205 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:

The patient has been scheduled for a follow-up medical appointment and revision of recommendation on _____



Concussion Information Sheet

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.

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• Feeling foggy or groggy• 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/comment

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• 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



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet (Cont.)

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 even 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. IHSA Policy 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 IHSA member 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/>

IHSA/IESA Post-concussion Consent Form
(RTP/RTL)

Date: _____

Student's Name: _____ Year in School 7 8 9 10 11 12

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, as the case may be.

Student's Signature: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

For School Use only

Written statement is included with this consent from treating physician or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

Cleared for RTL

Cleared for RTP

Date: _____

Date: _____

Sports Video

By signing this form, I acknowledge I have viewed the IHSA Sports Concussion and Traumatic Brain Injury Tracking Video.

Student's Signature: _____

Student's Printed Name: _____

Date: _____



Venue-Specific Action Plan

Illinois High School Association
2715 McGraw Dr., Bloomington, IL 61704
Phone: 309-663-6377
Fax: 309-663-7479

Venue

Sport:

Location:

Emergency Personnel

Present:

On-Call:

Emergency Equipment Location On-Site

Nearest AED:

First Aid Kit:

Items for proper care of blood-borne pathogens:

Ice or chemical ice packs, water and towels:

Player Medical Information:

Other equipment as deemed necessary by local circumstances and qualifications of available personnel:

Communication

Access to 911:

Access to on-call emergency medical personnel:

Role of First on the Scene:

1. Control scene (gain access to athlete)
2. Initial assessment (to determine breathing, consciousness, pulse status)
3. Detailed assessment (to determine extent of injury/illness)
4. Send designated coach to summon help if needed:
 - a. EMS: Call 911
 - b. Athletic Trainer: Call Athletic Training Room or Cell:
5. Initiate immediate care to the sick or injured athlete

EMS Access:

If EMS is called provide directions/access to scene

Directions to site/location:

Open access gates
Designate individual to meet EMS at entrance