

The logo is a shield divided into four quadrants. The top-left quadrant contains an atomic symbol. The top-right quadrant contains a sun with rays. The bottom-left quadrant contains a lyre and a palette. The bottom-right quadrant contains a hand holding a pencil. A banner across the middle of the shield contains the word "GRAYSLAKE". The numbers "19" and "47" are on the left and right sides of the banner, respectively.

Grayslake District 127

Concussion Management Plan

Return to Learn

Return to Play

Submitted: September 1, 2016

Adopted: September 1, 2016

I. PURPOSE

The following policy and procedures on education, baseline testing, and subsequent assessment and management of concussions, as well as return to learn and return to play guidelines, has been developed in accordance with the Youth Sports Concussion Act (Public Act 099-0245) and the Illinois High School Association to provide quality healthcare services to each student of Grayslake District 127

A. THE CONCUSSION OVERSIGHT TEAM

In accordance with the Youth Sports Concussion Act, the Grayslake School District has established a Concussion Oversight Team (COT). The COT's primary function is to develop return-to-play and return-to-learn protocols for students believed to have experienced a concussion. The protocols are based on peer-reviewed scientific evidence consistent with guidelines from the Center for Disease Control and Prevention. The COT consists of a physician licensed to practice medicine in all of its branches, athletic trainers, and district employees, including athletic directors, school nurses, guidance counselors, and administrators.

B. EDUCATION

All interscholastic coaches will need to complete a training program of at least two hours on concussions. Coaches, nurses must provide the school or district with proof of successful completion of the training. Training must be completed every two years. Head coaches and assistant coaches must complete the required training as well as all members of the Concussion Oversight Team. This training is in-line with IHSA policy, and may include classroom teaching, website information, collateral materials and other forms of teaching.

II. INTRODUCTION TO CONCUSSION

A concussion is a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns and which may or may not involve a loss of consciousness.

Students who show or report one or more of the signs and symptoms listed below, or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body, may have a concussion or more serious brain injury.¹ While loss of consciousness is a symptom of concussion, the majority of concussions in sport occur without loss of consciousness.²

Signs and symptoms of concussion include:^{1,5}

Physical	Cognitive	Emotional	Sleep
<ul style="list-style-type: none">• Headache• Dizziness• Nausea• Vomiting• Sensitivity to noise or light• Balance problems• Blurry vision• Any loss of consciousness	<ul style="list-style-type: none">• Confusion• Difficulty concentrating• Difficulty thinking clearly• Difficulty remembering new information• Taking longer to figure things out• Amnesia	<ul style="list-style-type: none">• Irritability• Sadness• Mood swings• Feeling nervous or anxious• Crying more	<ul style="list-style-type: none">• Sleeping more than usual• Sleeping less than usual• Trouble falling or staying asleep• Feeling tired

Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes to hours. In some cases, problems can arise over the first 24-48 hours. The student should not be left alone and must immediately seek emergency care if they:²

- Have a headache that gets worse or does not improve
- Lose consciousness
- Are very drowsy or can't be awakened
- Have repeated vomiting
- Behave unusually or seem confused; are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Have weak or numb legs
- Have difficulty balancing
- Have slurred speech
- Have any symptoms that worsen

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.

III. CONCUSSION MANAGEMENT PLAN

A. Concussion Assessment Tools

All students participating in athletics must complete a baseline evaluation. Baseline testing is used to establish the individual athlete's "normal" pre-injury performance and to provide the most reliable benchmark against which to measure post-injury recovery. This information will be used to assess any changes in brain function in the event a student experiences a concussion. A baseline evaluation is valid for two years, however, students may be asked to perform another evaluation prior to the expiration of the baseline. Results of the testing will be made available to the parents on request.

District 127 uses ImPACT for baseline evaluations. Developed by clinical experts who pioneered the field, ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is the most-widely used and most scientifically validated computerized concussion evaluation system.⁵

The Sport Concussion Assessment Tool (SCAT3) is a standardized tool that may be used to evaluate a suspected head injury. It is a screening evaluation tool designed for use only by qualified healthcare providers

B. Concussion Evaluation - Certified Athletic Trainer/School Nurse

A head injury evaluation may be warranted if a student has any observed or reported symptoms, sustained a significant blow to the head or body, or disclosure of a head injury (by student or other person). If a student is suspected to have a head injury, he/she will be removed from activity until they are evaluated and cleared to return to activity by a qualified healthcare provider (physician, school nurse, athletic trainer). Any students with a suspected head injury during school hours should be evaluated by the school nurse. It is the responsibility of the supervising adult to ensure that the school nurse is summoned or the student is accompanied to the nurse. The school nurse will follow the concussion management plan and will notify parents/guardians and provide them care instructions.

If a student-athlete sustains a possible head injury outside of school hours, the coach, athletic trainer or supervising adult will remove the student from the activity and notify the student's parents/guardians. The supervising adult will notify the school nurse/athletic trainer on the next school day and complete the accident report. If an athletic trainer is present, he/she will conduct an evaluation, notify parents/guardians if a concussion is suspected, provide home care instructions, and will also notify the school nurse.

If the student sustains a head injury in an activity not affiliated with the school, the parents/guardians should notify the school nurse and/or the athletic trainer. Any student deemed to have a concussion by the school nurse or athletic trainer must be evaluated by a physician. Any student diagnosed with a concussion by a physician will begin the concussion management plan supervised by the school nurse or athletic trainer.

C. Return to Learn (RTL)

The school nurse along with the student's counselor will supervise students in the RTL program. Students with a concussion will progress through stages of recovery at their own pace. Initially, both cognitive and physical rest have been shown to be important factors in the quick resolution of concussion symptoms. The student will be closely monitored by the school nurse along with the student's counselor throughout the RTL program. Based on a student's individual progress, the RTL plans can be modified as appropriate. If a student is not progressing, or there is an indication of more serious head injury, the school nurse will notify the student's parents/guardians. The student may be required to see a doctor prior to continuing his or her RTL program.

Academic Stage	Examples of Appropriate Academic Activity	Objective
1. No Activity	- Cognitive Rest - no school work, computer usage, reading, or physical activity	- To allow most severe physical and cognitive symptoms to decrease to manageable levels so that a student can begin to function in a school environment
2. School Re-entry	- Part-time school attendance - Limit computer usage - Breaks during school day for cognitive rest - Short periods of cognitive work	- Return to school avoiding environments and tasks that worsen symptoms. - Begin to re-integrate student into and discover tolerance for various school activities - Provide accommodations to address specific symptoms
3. Full-day Attendance with Accommodations	- Gradually increase cognitive work as tolerated by student: completing additional class assignments, homework, and assessments - Continue to provide breaks during the school day as needed by student	- Increase participation in all academic activities as symptoms decrease - Continue to provide accommodations to address specific symptoms - Reduce level of accommodations required
4. Full-day Attendance without Accommodations	- Follow through on a plan to make-up missed academic work and assessments - Gradual return to physical education and extracurricular athletics per Return to Play	- Return to full academic functioning when symptoms are very mild or absent

When beginning Stage 2 of RTL, each student will have an individualized Concussion Accommodation Plan. The concussion plan will be developed by the school counselor and student with input from the school nurse, teachers, and other school staff based on a student's symptoms and academic needs. Student's parents/guardians will also be invited to be participants in development of the Concussion Accommodation Plan. Additionally, recommendations from the student's medical providers will be considered. The Concussion Accommodation Plan will be reviewed regularly to assess student progress and the appropriateness of the current accommodations. A sample Concussion Accommodation Plan with possible accommodations are included in the appendix.

Other possible interventions for symptoms persisting over an extended period of time may include possible class withdrawal, modification of class levels, and/or provision of incomplete grades at the conclusion of a semester.

D. Return to Play (RTP)

The following criteria must be met before a student diagnosed with concussion is allowed to return to athletic participation:

- symptom free for a minimum of 24 hours
- concussion assessment scores are in an acceptable range compared to the student's baseline evaluation
- a written clearance to return to activity from a licensed physician (must be signed and dated) is provided to the school nurse/athletic trainer
- a signed parental consent form
- completion of the gradual Return to Play protocol

Athletic trainers and administration reserve the right to exclude any student-athlete from participation in sport in any capacity based on student-athlete safety considerations.

The athletic trainer will supervise student athletes in the return to play protocol. In most cases, there should be approximately 24 hours (or longer) for each stage. If any post-concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed. If a student is not progressing or there is an indication of a more serious head injury, the athletic trainer will notify the school nurse and the student's parents/guardians. The student may be required to see a concussion specialist prior to continuing the Return to Play Protocol.

Rehabilitation Stage	Examples of Functional Exercise at Each Stage of Rehabilitation	Success Goal of Each Stage
1. No activity	Complete physical and mental rest	Recovery (symptom free at rest)
2. Low impact, light activity	Stationary cycling keeping intensity <70% maximum predicted heart rate (30 min. max)	Increase heart rate without symptoms
3. Sport specific exercise	Running while keeping intensity <70% maximum predicted heart rate (30 min. max)	Add movement without symptoms
4. Non-contact training drills	Sport-specific exercises/full practice without contact. No head-impact activities. May start progressive resistance training.	Add coordination and cognition without symptoms Increase exercise, coordination, and cognitive load without symptoms
5. Unrestricted training	Full contact training drills and intense aerobic activity	Restore confidence and assess functional skills by coaching staff without symptoms
6. Return to play	Normal game play without restrictions	

Adapted from Consensus Statement on Concussion in Sport—the 4th International Conference on Concussion in Sport Held in Zurich, Nov.2012.

References

1. *National Athletic Trainers' Association Position Statement: Management of Sport Concussion*. Broglio, S. P., Cantu, R. C., Gioia, G. A., Guskiewicz, K. M., Kutcher, J., Palm, M., & Mcleod, T. C. 2014, Journal of Athletic Training, pp. 245-265.
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4. ImPACT Test. *ImPACT Applications*. [Online] March 20, 2016. www.impacttest.com/test.
- 5.. What is a Concussion? *CDC - Heads Up Concussion*. [Online] February 16, 2015. http://www.cdc.gov/headsup/basics/concussion_what.html.

GRAYSLAKE COMMUNITY HIGH SCHOOL – DISTRICT 127

Return to Learn

CONCUSSION ACCOMMODATION PLAN

In the early stages of recovery after a concussion, increased cognitive demands, such as academic coursework, as well as physical demands may worsen symptoms and prolong recovery. Accordingly, a comprehensive concussion management plan will provide appropriate provisions for adjustment of academic coursework on a case-by-case basis.

Student's Name: _____ Date Implemented: _____

Parent/Guardian Notification Date: _____ Reevaluation Date: _____

****School personnel and parents/guardians should watch for an increase or change in any of the following signs and symptoms of concussion:***

Physical	Cognitive	Emotional	Sleep
<ul style="list-style-type: none">• Headache• Dizziness• Nausea• Vomiting• Sensitivity to noise or light• Balance problems• Blurry vision• Any loss of consciousness	<ul style="list-style-type: none">• Confusion• Difficulty concentrating• Difficulty thinking clearly• Difficulty remembering new information• Taking longer to figure things out• Amnesia	<ul style="list-style-type: none">• Irritability• Sadness• Mood swings• Feeling nervous or anxious• Crying more	<ul style="list-style-type: none">• Sleeping more than usual• Sleeping less than usual• Trouble falling or staying asleep• Feeling tired

The following supports will be implemented:

TESTING ACCOMMODATIONS:

- ☐ Provide extra time to complete
- ☐ Provide alternative location
- ☐ Postpone test completion
- ☐ Use notes for tests
- ☐ Eliminate test completion
- ☐ Other: _____

HOMEWORK/PROJECT ACCOMMODATIONS:

- ☐ Provide extra time to complete
- ☐ Postpone homework completion
- ☐ Excusal from homework completion
- ☐ Provide written directions for homework assignments
- ☐ Assign only essential homework
- ☐ Other: _____

GENERAL ACCOMMODATIONS:

- ☐ No Life Fitness class participation (no writing assignments). Student will report to the library.
- ☐ Provide copy of class notes from teacher or peer
- ☐ Allow student to see counselor, social worker, or nurse as needed
- ☐ Allow student to take breaks from classwork
- ☐ Allow student to leave class early (early out pass during passing periods)
- ☐ Accommodate for sensory sensitivity: _____
- ☐ Other: _____



Post-concussion Consent Form (RTP/RTL)



Date _____

Student's Name _____ Year in School 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 _____