

CONCUSSION AND HEAD INJURY
EMERGENCY ACTION PLAN

August 2016

Smithton School



Home of the Cougars
(Smithton, Illinois)

Smithton Community Consolidated School District #130
GUIDELINES FOR CONCUSSIVE INJURIES
Student Athletes
Students of All Grade Levels

References: 105 ILCS 5/10-20.53, 105 ILCS 5/34-18.45)
Smithton Board of Education Policy 7:305

Definition

A concussion is a traumatic brain injury that interferes with normal brain function. Concussions can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority of concussions occur without loss of consciousness. A concussion can include the following:

- Concussion may be caused by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head.
- Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
- Concussion may result in neuropathology changes but the acute clinical symptoms largely reflect a functional disturbance rather than structural injury.
- Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that in a small percentage of cases, post-concussive symptoms may be prolonged.
- No abnormality on standard structural neuroimaging studies is seen in concussions.

Evaluation

In accordance with the National Federation of State High School Associations & the IHSA, ***any athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.*** Appropriate health care professionals are defined as: physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers. Any athlete seeing a physician will need written clearance before returning to play.

An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion. A concussion should be suspected if any of the following symptoms are present.

- | | | |
|-------------------------|------------------|-------------------------|
| - Headache | - Dizziness | - Amnesia |
| - Loss of consciousness | - Blurred vision | - Seizure or convulsion |
| - Balance problems | - Confusion | - Nausea or vomiting |

- Drowsiness
- Fatigue or low energy
- Feeling slowed down
- Feeling like “in a fog”
- “don’t feel right”
- Sensitivity to light
- Sensitivity to noise
- Behavioral changes
- Irritability
- Nervous or anxious
- Difficulty remembering
- “pressure in head”
- Neck pain
- Sadness
- Difficulty concentrating

Management

Once a student-athlete self-reports or exhibits behaviors, signs, or symptoms consistent with a concussion, the following protocol should be followed.

- The student-athlete is immediately refrained from participating in all physical activity (including practice, games, weight training & conditioning).
- The student-athlete should be referred to their primary care provider or the nearest emergency room.
- If evaluation results in a diagnosis of a concussion, the student-athlete will be withheld from all physical activity for the remainder of the day.
- Release to return to play shall be in an incremental fashion in coordination with the Concussion Oversight Team and the student’s primary care physician.

Concussion Oversight Team

The Smithton Board of Education, as required by law, appointed a Concussion Oversight Team (COT) consisting of the building principal and the school nurse. The COT is responsible for implementing and complying with the return-to-play and return-to-learn protocols. These protocols must be based on peer-reviewed scientific evidence consistent with guidelines from the Centers for Disease Control and Prevention, www.cdc.gov/headsup/highschoolsports/index.html.

Expectation

All athletes & coaches will accept responsibility to report all signs and symptoms of concussion to the athletic director.

Information is available for parents, athletes, school officials, and coaches at:
<http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx>
www.cdc.gov/ConcussionYouthSports

Returning to Learn

The student athlete's physician will provide input into a child's readiness to get back to the classroom following a concussion. This will be on a student-by-student basis. The student should have the physician complete a note (such as the attached physician statement) outlining the appropriate return to learn status. The parent should notify the school principal or nurse of concussive injuries and activity progression when the child is returning to school. The following graduated return to learn protocol is suggested:

RETURN TO LEARN PROTOCOL		
Stage of Recovery	Description	Details
Stage 1	Complete physical and cognitive rest until medical clearance	<ul style="list-style-type: none">• No school attendance• Strict limits on technology usage• Rest
Stage 2	Return to school with academic accommodations	<ul style="list-style-type: none">• Continue limits on technology usage• Avoid heavy backpacks• No tests, PE, band, or chorus• Monitor symptoms• Rest
Stage 3	Continue academic accommodations	<ul style="list-style-type: none">• Attend school full time if possible• Increase work load gradually (testing, homework, etc.)• Monitor symptoms• Incorporate light aerobic activity• Rest
Stage 4	Full recovery to academics	<ul style="list-style-type: none">• Attend school full time• Self-advocate at school (meet due dates, etc.)• Resume normal activities• Resume sports following "Return to Play" protocol

Returning to Play

Student athletes will follow a step progression program when returning to play. Athletes must be completely asymptomatic, without medication, for 24 hours before initiating. If symptoms return, the athlete may re-try that step again once asymptomatic for 24 hours. If symptoms persist longer than 24 hours, the athlete must wait until symptom free then return to Step 1. Each step requires 24 hours.

RETURN TO PLAY PROTOCOL		
Level of Activity	Functional Exercise Allowed	Success Goal
No Activity	Relative physical and Cognitive rest	Recovery (symptom free at rest for 24 continuous hours)
Step 1 Light Aerobic Activity	Stationary cycling keeping heart rate <70% maximum predicted heart rate. No resistance training.	Increase heart rate without the onset of symptoms.
Step 2 Sport Specific Exercise	Non-contact training drills may begin.	Add more advanced movements without the onset of symptoms.
Step 3 Non-Contact Training Drills	Progression to more complex training drills in a non-contact environment.	Exercise, coordination, and cognitive load without symptoms.
Step 4 Full Contact Practice	Following medical clearance, participation in normal training and practice activities.	Restore confidence and assess functional skills by coaching staff. Complete without symptoms.
Step 5 Return to Game Play	Normal Game Play <u>Post-Concussion Consent Form must be signed by student and parent and on file with the school.</u>	

SCHOOL RECOMMENDATIONS FOLLOWING CONCUSSION

Patient Name: _____ Date of Birth: _____
 Date of Evaluation: _____ Referred by: _____
 Duration of Recommendations: _____

The patient will be reassessed for revision of these recommendations in _____ weeks.

This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the patient from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. Feel free to apply/remove adjustments as needed as the student's symptoms improve/worsen.

Attendance

- No school for ____ school day(s)
- Attendance at school ____ days per week
- Full school days as tolerated by the student
- Partial days as tolerated by the student

Visual Stimulus

- Allow student to wear sunglasses/hat in school
- Pre-printed notes for class material or note taker
- Limited computer, TV screen, bright screen use
- Reduce brightness on monitors/screens
- Change classroom seating as necessary

Workload/Multi-Tasking

- Reduce overall amount of make-up work, class work and homework
- Prorate workload when possible
- Reduce amount of homework given each night

Physical Exertion

- No physical exertion/athletics/gym/recess
- Walking in gym class only
- Begin return to play protocol as outlined by return to activity form

Current Symptoms List (the student is noting these today)

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Visual problems | <input type="checkbox"/> Sensitivity to noise | <input type="checkbox"/> Memory issues |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Balance problems | <input type="checkbox"/> Feeling foggy | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Irritability |

Student is Reporting most difficulty with/in

- | | | | |
|---------------------------------------|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> All subjects | <input type="checkbox"/> Reading/Language | <input type="checkbox"/> Art | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Science | <input type="checkbox"/> Music | <input type="checkbox"/> Listening | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Math | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Focusing | _____ |

Breaks

- Allow the student to go to the nurse's office if symptoms increase
- Allow student to go home if symptoms do not subside
- Allow other breaks during school day as deemed necessary and appropriate by school personnel

Audible Stimulus

- Lunch in a quiet place with a friend
- Avoid music or shop classes
- Allow to wear earplugs as needed

Testing

- Additional time to complete tests
- No more than one test a day
- No standardized testing until _____
- Allow for scribe, oral response, and oral delivery of questions, if available

Additional Recommendations:

Physician Signature

Physician Name:

Office Phone:

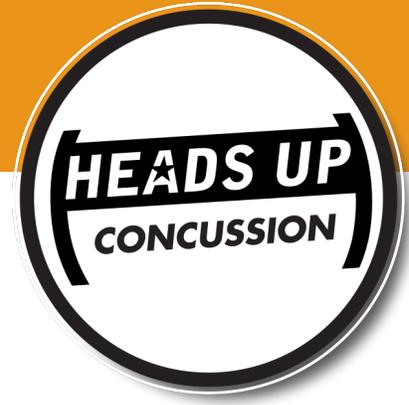
Office Fax:

I, _____, give permission for Dr. _____ to share this information with my child's school and for communication to occur between the school and Dr. _____ for changes to this plan.

Parent Signature

Date

CONCUSSION FACT SHEET FOR PARENTS



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

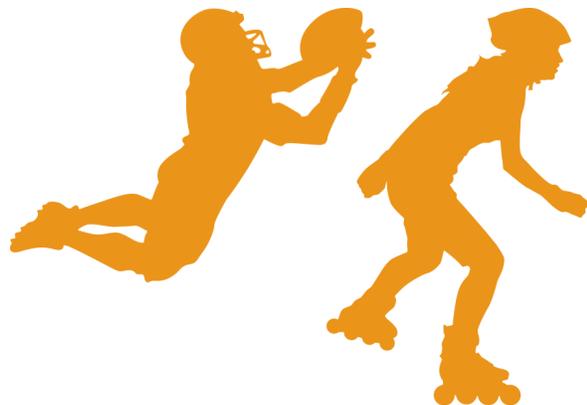
SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

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DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **SEEK MEDICAL ATTENTION RIGHT AWAY**
A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
2. **KEEP YOUR CHILD OUT OF PLAY.**
Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.**
Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO [>> WWW.CDC.GOV/CONCUSSION](http://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



Post-concussion Consent Form
(RTP/RTL)



Date _____

Student's Name _____ Grade _____

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 _____