

# Concussion Return to Learn and Return to Play Protocols and Procedures

CONCUSSION OVERSIGHT TEAM

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## Overview of the RTL and RTP Procedures

Athletic Director -  
Athletes only

- Provide concussion education and training for staff, officials, and athletes. Collect and document evidence of training.

Coaches/ AD/ Asst.  
AD. - Athletes only

- Collect signed agreement to participate forms from students and parents/guardians.

Building RN/ Athletic  
Trainers

- Following a suspected or diagnosed concussion, the school must send home the Concussion Protocol Information Letter and notify the Building RN to initiate the Return to Learn Protocol.

Counselor/ Nurse/  
Administration

- Student will complete the RTL protocol with supervision from counselor and building RN. Once RTL protocol is completed and signed, notify the required staff that the student may begin the Return to Play Protocol.

PE Teacher/ Athletic  
Trainer

- Student will complete the RTP protocol with either the PE teacher or Athletic Trainer.

Building RN/ Athletic  
Trainer

- Once the student has completed phase 4 on the RTP protocol, the school must provide parent with copies of the RTL protocol, RTP protocol, and the Authorization to RTP and RTL without accommodations form.

Parent/Guardian

- Provide the physician or parent chosen athletic trainer under supervision of a physician, the RTL, RTP, and Authorization form for completion and signature.

Building RN/ Athletic  
Trainer

- Collect the Authorization to RTP and RTL without accommodations form from the family or physician.

Building  
Administration or AD

- Administration must verify that the Authorization form is 1. completed and signed by a physician or private athletic trainer and 2. cleared by the physician, and 3. signed by the parent/guardian. If complete, the administrator is the final signature prior to the student returning to sports.

# Return to Learn (RTL) Protocol and Procedures

## Return to Learn (RTL) Procedures

The Building RN, Counselor (high school only), and building Administrator will be responsible for the oversight of the return to learn protocol. Documentation will be required from the student's private physician as to when a student can initiate the Return to Learn protocol. When the student is cleared, the Building RN will notify in writing, via email, the student's teachers, physical education teacher and coach, if applicable, and the return to learn will be initiated. The first day will involve rest, no physical activities and then the student will be slowly returned to learn with the Building RN monitoring the progress.

Progression is individualized, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the student, and sport/activity in which the student participates. An athlete/student with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.

### Staff Directions for Return to Learn for all students:

The Return-to-Learn protocol includes 6 phases with increasing intensity. Each step will take place 24 hours following the previous step. If symptoms return during any step, a 24 hour period of rest is required before repeating that step. The student may start at any phase in Return to Learn as dictated by his/her symptoms and physician recommendation.

### Daily Return to Learn Steps

1. Prior to start of each school day, the student must report to the Building RN office. The Building RN asks if the student has any symptoms and records those. The Building RN will inform the student's teachers what phase the student is in each day via email until completion of the Return to Learn Protocol.
2. Teachers should ensure that the student maintains the recommended activity level per the phase that he/she is in for the day and provide accommodations. Teachers should monitor the student for symptoms throughout the day and send the student to the nurse if the student demonstrates any recurring symptoms.
3. Student should be sent to the Building RN by the teacher at the end of each day. Building RN/student must complete the symptoms checklist at the completion of each day.
4. The Building RN and Administrator must sign and date the Return to Learn Check Sheet upon completion of each phase. If signed, student can move to the next phase the following school day.

## Staff Roles and Responsibilities in Return to Learn (RTL)

### Building RN

When the school is informed that a student experienced a concussion, the Building RN must:

- Put the alert in eSchool.
- Inform attendance secretary, Administration, and Counselor (if at high school).
- Contact Parent and student. Ask for copies of any medical information the parent is willing to share.
- Provide parents with the RTL Information Sheet.
- Review Return to Learn Protocol with parent and have parent sign off on completion of Phase 1 and 2.
- Phase 1 and 2 may have occurred prior to the school being notified of the concussion. If parent signs the protocol indicating completion of Phases 1 and 2 and the school has knowledge that the student did not attend school the past two days (either absent, weekend, or school break), the student may proceed to Phase 3 immediately.
- If parent or physician indicates that the student can start at a Phase other than 3, provide the parents with Physician Form 1. This form MUST be completed by a physician.
- Email teachers to inform them that the student has a concussion. Attach the Return to Learn Protocol.
- For Elementary and Middle School: Work with Administration to develop an accommodations plan for the student. For High School, work with the Counselor.
- Provide an Accommodations Plan to Elementary and Middle School teachers (counselor will provide to High School). Discuss recommended accommodations from the physician.
- Inform teachers what phase the student will begin and the projected return to school date.
- Inform teachers of the procedure for communicating student symptoms when the student returns.
- Assess and track student symptoms throughout the day. Report any symptoms to Administration/Counselor, and Parent.
- Consult with Administration on moving the student to the next Phase in Return to Learn.
- Maintain Return to Learn Paperwork.

### Certified School Nurse

- Work with Counselor regarding the potential need for homebound services.

### Administrator Elementary and Middle School/Counselor High School

- Oversee the Return to Learn Protocol.
- Work with Certified School Nurse regarding the potential need for homebound services.
- Oversee student progress academically, socially, and emotionally.
- Monitor student attendance.
- Develop the Accommodations Plan in conjunction with the Building RN.
- Distribute the Accommodations Plan to teachers. Discuss recommended accommodations from the physician.
- Ensure teachers understand the accommodations plan and are prepared to implement.

### Administrator:

- Ensure Building RN to communicate what phase the student is in for Return to Learn as the student progresses through the phases.
- Ensure Building RN communicates completion of the Return to Learn Protocol.
- Consult with the Building RN on when student needs to progress to next phase.
- Inform PE/Athletic Trainer when the student can initiate Return to Play.

## Teachers

- Follow the recommendations in the phases for Return to Learn.
- Provide the student with accommodations indicated on the checklist. Accommodations, that are not part of a 504 plan or IEP, are reduced or eliminated as the student's symptoms resolve.
- Report any minor symptoms to the Building RN (grogginess, sensitivity to lights, inattentiveness, etc.). Send student to Building RN if presenting with any significant symptoms.
- Report to Administration/Counselor any concerns with academics or progress.
- Provide the student with adequate time to complete missed academic work based on the amount of time needed for complete recovery.
- For every day the student is within Phases 1-3, the teacher will provide the student the same number of days to complete missed academic work.
- As the student's recovery progresses through Phases 1-3, teachers should be prepared to apply "mastery learning" criteria within their subject matter. By identifying essential academic work, the student's recovery will be aided by reducing anxiety levels related to the perceived volume of work that will be required once they are medically cleared to resume a full academic load.
- The teacher has the option of assigning the student a grade of incomplete (I) for the quarter, final and/or semester grade until the work is completed. Teacher should work with building Administration prior to issuing an (I) grade.

## PE Teacher

- Provide the student alternate work aligned with the phase the student is in on the Return to Learn Protocol. Student should not have any physical participation in PE until the student is cleared to begin Return to Play.



## Return-to-Learn Information Sheet

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 and Parent Responsibilities:

- 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. It is suggested that parents share this form with the treating physician.
- Student may start at any phase in Return to Learn as symptoms dictate and/or as recommended by physician.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome than if he or she tries to rush through these guidelines.
- Seek further medical attention if your child continues with symptoms beyond 7 days.

### School Procedures

- For the Return to Learn protocol to be initiated, the student must be evaluated by a healthcare professional and documentation must be provided to the school.
- For every day the student is within Phases 1-3, they will be granted the same number of days to complete missed academic work.
- The student will be granted adequate time to complete missed academic work based on the amount of time needed for complete recovery.
- The teacher has the option of assigning the student a grade of incomplete (I) for the quarter, final and/or semester grade.
- As the student's recovery progresses through Phases 1-3, teachers should be prepared to apply "mastery learning" criteria within their subject matter. By identifying essential academic work, the student's recovery will be aided by reducing anxiety levels related to the perceived volume of work that will be required once they are medically cleared to resume a full academic load.
- Reported symptoms should be addressed by specific accommodations; Accommodations are reduced or eliminated as symptoms resolve
- Keep brain activity below the level that causes worsening of symptoms (e.g., headache, tiredness, irritability).
- If symptoms worsen at any phase, stop activity, rest and inform the Building RN.
- Students can remain at any phase as long as needed.
- Symptom free means no lingering headaches, sensitivity to light/noise, fogginess, drowsiness, difficulty concentrating, etc.
- Return to previous step if symptoms worsen.

### Student Responsibilities

- It is important that once the student has returned to school that they report to the Building RN daily in order to monitor symptoms as well as to determine progression to the next phase within the Return-to-Learn protocol.
- Students are encouraged to meet with Counselor/teachers regularly to discuss progress, grades, and status of make-up work.

## CCSD 202 Concussion Return to Learn (RTL) Protocol for All Students

### Instructions:

- Student may start at any phase as symptoms dictate and/or as recommended by physician.
- Progression is individual, all concussions are different.
- Students can remain at any phase as long as needed.
- If symptoms worsen at any phase, stop activity and rest.
- If symptom free, student may continue to next phase. Symptom free means no lingering headaches, sensitivity to light/noise, fogginess, drowsiness, difficulty concentrating, etc.
- Return to previous phase if symptoms worsen.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Protocol Initiated: \_\_\_\_\_

Phase	Home Activity	School Activity
<b>Phase 1 - Home</b>	Rest quietly, nap and sleep as much as needed. Avoid bright light if bothersome. Drink plenty of fluids and eat healthy foods every 3-4 hours. No mental exertion. No "screen time" (text, computer, cell phone, TV, video games). No driving. No physical activity. Avoid reading and studying.	No school. No tests, quizzes or homework
	<b>Symptom Free?</b> No- Continue Phase 1 <input type="checkbox"/> Yes – Begin Phase 2	Parent Signature:  Date Attained:
<b>Phase 2 - Home</b>	Set a regular bedtime/wake up schedule. Allow at least 8-10 hours of sleep and naps if needed. Drink a lot of fluids and eat healthy foods every 3-4 hours. Limit "screen time" to less than 30 minutes a day. No driving. May begin easy tasks at home (drawing, baking, cooking). Soft music and 'books on tape' ok. Once your child can complete 30- 60 minutes of light mental activity without a worsening of symptoms he/she may go to the next phase.	No school. No tests, quizzes or homework
	<b>Symptom Free?</b> No- Continue Phase 2 <input type="checkbox"/> Yes – Begin Phase 3	Parent Signature:  Date Attained:

<p><b>Phase 3 Return to School - PARTIAL or FULL DAY (dependent on individual student needs)</b></p> <p><i>Maximum accommodations</i></p>	<p>Allow 8-10 hours of sleep per night. Avoid napping. Drink a lot of fluids and eat healthy foods every 3-4 hours.</p> <p>"Screen time" less than 1 hour a day.</p> <p>Spend limited social time with friends outside of school.</p>	<p>Gradually return to school.</p> <p>Start with a few hours/half-day.</p> <p>Avoid loud areas (music, band, choir, locker room, cafeteria, loud hallway and gym).</p> <p>No PE or school sports, alternate location.</p> <p>Allow breaks, as mutually decided by student and staff.</p> <p>Modify rather than postpone academics.</p> <p>Provide extended time for work completion.</p> <p>Complete necessary assignments only. No tests or quizzes.</p> <p>Avoid heavy backpacks.</p>
	<p><b>Symptom Free for 24 hours?</b></p> <p>No- Continue Phase 3</p> <p><input type="checkbox"/> Yes – Begin Phase 4 Date Attained:</p>	<p>RN Signature:</p> <p>Administration/Counselor Signature:</p>
<p><b>Phase 4 Return to School - FULL DAY</b></p> <p><i>Moderate Accommodations</i></p>	<p>Allow 8-10 hours of sleep per night. Avoid napping. Drink a lot of fluids and eat healthy foods every 3-4 hours.</p> <p>"Screen time" less than 1 hour a day. Spend limited social time with friends outside of school.</p>	<p>Gradually increase demands by increasing amount of work, length of time on work, and type or difficulty of work</p> <p>Progress to attending classes for full days of school.</p> <p>Gradual exposure to loud areas (music, band, choir, locker room, cafeteria, loud hallway).</p> <p>No PE or school sports, alternative location.</p> <p>Allow breaks, as mutually decided by student and staff.</p> <p>No more than 1 test or quiz per day. Try to avoid standardized tests.</p> <p>Give extra time or untimed homework/tests.</p> <p>Moderately decrease modifications and accommodations from Phase 3.</p>
	<p><b>Symptom Free for 24 hours?</b></p> <p>No- Continue Phase 4</p> <p><input type="checkbox"/> Yes – Begin Phase 5 Date Attained:</p>	<p>RN Signature:</p> <p>Administration/Counselor Signature:</p>
<p><b>Phase 5 Return to School – FULL DAY</b></p> <p><i>Minimal Accommodations</i></p>	<p>Allow 8-10 hours of sleep per night. Avoid napping. Drink a lot of fluids and eat healthy foods every 3-4 hours.</p> <p>"Screen time" less than 1 hour a day.</p> <p>Spend limited social time with friends outside of school.</p>	<p>Accommodations can be removed when student can function fully without them.</p> <p>Construct a plan to complete missed academic work. Include the student in the development of the plan.</p> <p>Keep stress levels low.</p> <p>Gradually increase to more than one test per day.</p> <p>Return to PE, refer to Return to Play protocol.</p>
	<p><b>Begin Return to Play</b></p> <p><b>Symptom Free for 24 hours?</b></p> <p>No- Continue Phase 5</p> <p><input type="checkbox"/> Yes, proceed to full recovery.</p> <p>Date Attained:</p>	<p>RN Signature:</p> <p>Administration/Counselor Signature:</p>
<p><b>Full Recovery –</b></p>	<p>Return to normal home and social activities.</p>	<p>Return to normal school schedule and course load.</p>

# Concussion Symptom Scale

Student Name: \_\_\_\_\_

<b>24 hr. Symptom Score re-test</b> _____										<b>48 hr. Symptom Score re-test</b> _____										
How do you feel? "You should score yourself on the following symptoms, based on how you feel now".										How do you feel? "You should score yourself on the following symptoms, based on how you feel now".										
<b>Physical</b>										<b>Physical</b>										
	Headache	0	1	2	3	4	5	6			Headache	0	1	2	3	4	5	6		
	Pressure in head	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			Neck Pain	0	1	2	3	4	5	6		
	Nausea or vomiting	0	1	2	3	4	5	6			Nausea or vomiting	0	1	2	3	4	5	6		
	Dizziness	0	1	2	3	4	5	6			Dizziness	0	1	2	3	4	5	6		
	Blurred vision	0	1	2	3	4	5	6			Blurred vision	0	1	2	3	4	5	6		
	Balance problems	0	1	2	3	4	5	6			Balance problems	0	1	2	3	4	5	6		
	Sensitivity to light	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			Sensitivity to noise	0	1	2	3	4	5	6		
<b>Thinking</b>										<b>Thinking</b>										
	Feeling slowed down	0	1	2	3	4	5	6			Feeling slowed down	0	1	2	3	4	5	6		
	Feeling like "in a fog"	0	1	2	3	4	5	6			Feeling like "in a fog"	0	1	2	3	4	5	6		
	"Don't feel right"	0	1	2	3	4	5	6			"Don't feel right"	0	1	2	3	4	5	6		
	Difficulty concentrating	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			Difficulty remembering	0	1	2	3	4	5	6		
	Confusion	0	1	2	3	4	5	6			Confusion	0	1	2	3	4	5	6		
<b>Alertness / Sleep</b>										<b>Alertness / Sleep</b>										
	Fatigue or low energy	0	1	2	3	4	5	6			Fatigue or low energy	0	1	2	3	4	5	6		
	Drowsiness	0	1	2	3	4	5	6			Drowsiness	0	1	2	3	4	5	6		
	Trouble falling asleep	0	1	2	3	4	5	6			Trouble falling asleep	0	1	2	3	4	5	6		
	Sleeping more than usual	0	1	2	3	4	5	6			Sleeping more than usual	0	1	2	3	4	5	6		
<b>Emotional</b>										<b>Emotional</b>										
	More emotional	0	1	2	3	4	5	6			More emotional	0	1	2	3	4	5	6		
	Irritability	0	1	2	3	4	5	6			Irritability	0	1	2	3	4	5	6		
	Sadness	0	1	2	3	4	5	6			Sadness	0	1	2	3	4	5	6		
	Nervous or Anxious	0	1	2	3	4	5	6			Nervous or Anxious	0	1	2	3	4	5	6		
Do the symptoms get worse with physical activity? Y N Do the symptoms get worse with mental activity? Y N										Do the symptoms get worse with physical activity? Y N Do the symptoms get worse with mental activity? Y N										
Total number (/32) _____ Severity score (/132) _____										Total number (/32) _____ Severity score (/132) _____										
Notes:										Notes:										
Building RN Signature: Date:										Building RN Signature: Date:										

## Accommodations List

Below is a list of potential accommodations that a student returning from a concussion may need. The list sets forth examples and is not exhaustive. Educational teams should review information from the physician about educational accommodations and determine which accommodations will meet the student's needs and assist him/her in transitioning back into school.

### **Presentation Accommodations:**

- Issue short and concise written instructions or have the student write instructions down in a step-by-step sequence.
- Use color coding and/or highlighting to emphasize important information.
- Provide class notes to the student or allow the use of text to speech technology for lessons.
- Check the student's comprehension of directions or instructions and allow the student to restate the information in his or her own words.
- Listen to audio recordings instead of reading text
- Work with fewer items per page or line and/or materials in a larger print size
- Have a designated reader
- Hear instructions orally
- Record a lesson, instead of taking notes
- Have another student share class notes
- Provide an outline of a lesson
- Use visual presentations of verbal material, such as word webs and visual organizers
- Provide a written list of instructions

### **Response accommodations:**

- Use multiple-choice and open-book tests (rather than short answer or essay) to minimize demand on memory.
- Give responses in a form (oral or written) that's easier for the student
- Dictate answers to a scribe
- Capture responses on an audio recorder
- Use a spelling dictionary or electronic spell-checker
- Use a word processor to type notes or give responses in class
- Use a calculator or table of "math facts"
- Write shorter papers
- Answer fewer or different test questions
- Create alternate projects or assignments

### **Setting accommodations:**

- Move the student's seat to the front of the room so that he or she may be better observed and less easily distracted.
- Move the student away from windows or dim the lights in the room.
- Allow the student to wear sunglasses and/or a hat.

- Allow the student to avoid pep rallies, athletic events, school dances and other events where there may be loud noises and/or bright lights and to eat lunch in a location other than a loud cafeteria environment.
- Work or take a test in a different setting, such as a quiet room with few distractions
- Sit where the student learns best (for example, near the teacher)
- Use sensory tools such as an exercise band that can be looped around a chair's legs to use as a fidget.

**Timing accommodations:**

- Break down assignments into small, manageable chunks that can be completed in a half hour or less. Then provide a break before moving onto the next task.
- Have extra time to process oral information and directions
- Take frequent breaks, such as after completing a task
- Take a test in several timed sessions or over several days. Take sections of a test in a different order
- Take a test at a specific time of day based on educational tolerance. Often students fatigue towards the end of the day, it may be better to test earlier in the day.

**Organization skills accommodations:**

- Encourage and assist with the use of a planner to keep track of assignments, tests and due dates.
- Use diagrams, time lines and charts to organize information and projects.
- Use "to-do" lists and checklists.
- Use a visual timer to help with time management
- Mark texts with a highlighter
- Receive study skills instruction

For most students, only temporary, informal accommodation to the academic program will be needed as they recover from a concussion. However, a student who is experiencing a prolonged recovery may need additional more formal accommodations. Administration will work with these students and parents to develop needed formal plans either through providing Response to Intervention, a Section 504 Plan or the IEP process.

# Return to Play (RTP) Protocol and Procedures

## Staff Directions for Return to Play for all Elementary and Middle school students and High School non-athletes

The Building RN and the Physical Education Teachers will be responsible for the Return to Play for all non-athletes (preschool through 12<sup>th</sup> grade) and MS athletes. Documentation will be required from the student's private physician as to when a student can initiate the Return to Play protocol. When the student is cleared, the Building RN will notify in writing, via email, the physical education teacher and coach, if applicable, and the Return to Play will be initiated. The first week will involve rest, no physical activities and then the student will be slowly returned to play with the Building RN monitoring the progress.

Progression is individualized, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the student, and sport/activity in which the student participates. An athlete/student with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.

The Return-to-Play Protocol includes 6 phases of activity with increasing intensity. Each phase will take place 24 hours following the previous step. If symptoms return during any step, a 24 hour period of rest is required before repeating that step.

Students can participate in Return to Play activities during PE with a PE teacher.

For Elementary students who only have PE 2 times a week, the student can also participate in Return to Play activities during recess as determined by building Administration. Student must be monitored by PE teacher or Administrator during recess activities.

Student should be sent to the Building RN with the signed check sheet and completed symptoms checklist.

The Building RN will review symptoms checklist with the student.

The Building RN signs the Return to Play check sheet.

If all sign completion, student can move to the next step the following school day.

The PE teacher should collaborate with Building RN to discuss what level of PE participation that the student will be in.



## Staff Roles and Responsibilities in Return to Play for all students

### Building RN

- When the student completes the RTL protocol, the Building RN will notify in writing, via email, the physical education teacher and athletic trainer (if student is a High School athlete in season) that the student can begin the RTP protocol.
- Inform PE teacher and athletic trainer of the procedure for communicating student symptoms when the student returns.
- Assess and track student symptoms throughout the day. Report any symptoms to Administration/Counselor, and Parent.
- Consult with PE teacher and Administration on moving to the next Phase in Return to Play. If all sign completion, student can move to the next step the following school day.
- Building RN signs the Return to Play check protocol for non-athletes.
- Maintain Return to Play Protocol for non-athletes.
- Provide parents/guardians with a copy of the completed Return to Learn and Return to Play protocols and a copy of the Authorization to Return to Play/Learn form.
- Communicate with Administration, teachers, coaches, and athletic trainers when the Authorization form is signed and received.
- Once the signed form is received, student MAY be able to return to sports or PE.

### Administration/High School Counselor (Designated Supervisor)

- Oversee the Return to Play Protocol.
- Consult with Building RN and PE teacher on when student needs to progress to next phase for non-athletes.
- Oversee student progress academically, socially, and emotionally.
- Monitor student attendance.
- Collaborate with Building RN to communicate what phase the student is in for Return to Play as the student progresses through the phases for non-athletes.
- Sign the final Authorization to RTP once the physician's signature is obtained.
- Communicate completion of the Return to Play Protocol.

### Teachers

- Continue to provide student with accommodations.
- Provide student with alternate recess activities until PE teacher and Building RN inform you that the student has progressed to phase 5.

### PE Teacher

- Follow the recommendations in the phases for Return to Play for non-athletes.
- Athletes in season will not participate in PE or the RTP protocol with PE teachers, this will be overseen by the Athletic Trainer. High School Athletes in season will continue to need alternate PE activities, similar to the ones during RTL.
- The supervising PE teacher cannot be the student's coach (Middle School only). If the PE teacher is a coach for a student, another PE teacher will need to be assigned to oversee the RTP protocol for that student.

- Prior to start of activity: teacher or trainer asks if the student has any symptoms.
- Supervising PE teacher and student must sign and date the Return to Play protocol upon completion of the activity.
- Supervising teacher or student must complete the symptoms checklist at the completion of the activity.
- Student should be sent to the Building RN with the signed check sheet and completed symptoms checklist.
- Report any minor symptoms to the Building RN (grogginess, sensitivity to lights, inattentiveness, etc.). Send student to Building RN if presenting with any significant symptoms.
- Report to Administration/Counselor any concerns with academics or progress.
- The PE teacher has the option of assigning the student a grade of incomplete (I) for the quarter, final and/or semester grade until work is completed. Teacher should work with building Administration prior to issuing an (I) grade.

### Athletic Trainer (For Athletes in Season)

- Follow the recommendations in the phases for Return to Play.
- Prior to start of activity: Athletic Trainer asks if the student has any symptoms.
- Supervising Athletic Trainer and student must sign and date the Return to Play Check Sheet upon completion of the activity.
- Supervising Athletic Trainer or student must complete the symptoms checklist at the completion of the activity.
- Athletic Trainers maintain the RTP protocol and send to Building RN upon completion.

### Athletic Director – High School

- Oversee the student's progress with the RTP protocol.
- Ensure that coaches are aware that the student cannot participate in any try-outs, practices or games.
- Sign the final Authorization to RTP once the physician's signature is obtained.

### Middle School Coaches/Band Directors

- Student cannot participate in sports or band (including try-outs, practices, and games) until the student completes the Return to Play protocol and is then cleared by their physician.
- Maintain communication with Building RN regarding how the student is progressing through the phases to be informed of student symptoms.

## Return to Play (RTP) Protocol for all students excluding HS athletes in season:

- When a student has been evaluated by a physician licensed to practice medicine in all its branches in Illinois, the following graduated Return to Play will be followed. ***The Return to Play protocol will not progress until the student is cleared to proceed by their physician and they have completed the Return to Learn Protocol.***
- Each stage is a minimum 24 hour period.
- If the athlete experiences any symptoms, at any point during the rehabilitation phases, the progression will stop immediately and the cycle will resume at the previous asymptomatic phase after 24 hours of rest. If symptoms continue, the student will be referred to a physician for a follow up evaluation.

<p><b>Phase 1</b> ACKNOWLEDGEMENT THAT STUDENT IS ASYMPTOMATIC AND READY TO PROCEED WITH RETURN TO PLAY PROTOCOL</p>	<p>The student denies any symptoms concerning a concussion / MTBI. No symptoms are noted by the educational professional. The athlete is ready to proceed with the Return to Play Protocol.</p> <p>Student's Initials _____ Designated Supervisor's Initials _____</p> <p>Building RN's initials _____ Date: _____</p>
<p><b>Phase 2</b> Non-impact aerobic activity for 10-15 minutes as symptoms allow</p>	<p>The student denies any symptoms concerning a concussion / MTBI. No symptoms are noted by the educational professional.</p> <p>Student's Initials _____ Designated Supervisor's Initials _____</p> <p>Building RN's initials _____ Date: _____</p>
<p><b>Phase 3</b> Moderate activity (20-30 minutes); LIGHT resistance training (Increased walking, low impact calisthenics)</p>	<p>The student denies any symptoms concerning a concussion / MTBI. No symptoms are noted by the educational professional.</p> <p>Student's Initials _____ Designated Supervisor's Initials _____</p> <p>Building RN's initials _____ Date: _____</p>
<p><b>Phase 4</b> Activity-specific, non-contact training drills (at least 30 minutes); Continue LIGHT resistance training; NO head impact activities or drills</p>	<p>The student denies any symptoms concerning a concussion / MTBI. No symptoms are noted by the educational professional.</p> <p>Student's Initials _____ Designated Supervisor's Initials _____</p> <p>Building RN's initials _____ Date: _____</p>
<p><b>Phase 5</b> <b><u>Obtain signed Physician's Authorization to Return Before Proceeding with Phases</u></b> Full return to Physical Education practices and activities. Full contact, practices, full scrimmage</p>	<p>The student denies any symptoms concerning a concussion / MTBI. No symptoms are noted by the educational professional.</p> <p>Student's Initials _____ Designated Supervisor's Initials _____</p> <p>Building RN's initials _____ Date: _____</p>
<p><b>Phase 6</b> For MS Interscholastic Sports only:  Return to competition.</p>	<p>The student denies any symptoms concerning a concussion / MTBI. No symptoms are noted by the educational professional.</p> <p>Student's Initials _____ Designated Supervisor's Initials _____</p> <p>Building RN's initials _____ Date: _____</p>

Once all phases of the Return to Play Protocol are completed successfully and the student is asymptomatic, this form must be signed by the Building RN and building Administrator before the student can be allowed to return to full unrestricted activity participation.

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## High School Athletes in Season Return to Play (RTP) Protocol

When an athlete has been evaluated by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois for a concussion, the following graduated functional return to play will be followed. **The Return to Play protocol will not progress until the student is cleared to proceed by their physician and they have completed the Return to Learn Protocol.**

- Each stage is a minimum 24 hour period.
- If the athlete experiences any symptoms, at any point during the rehabilitation phases, the progression will stop immediately and the cycle will resume at the previous asymptomatic phase after 24 hours of rest. If symptoms continue, the athlete will be referred to a physician for a follow up evaluation.

**REMEMBER: Don't Hide it. Report it. Take time to recover. It's better to miss one game than the whole season.**

Rehabilitation Phase	Functional Exercise or Activity	Objective of Each Phase
<b>Phase 1 - No structured physical or cognitive activity</b> Student initial: _____ Trainer initial: _____ Date: _____	Only Basic Activities of Daily Living (ADLs). When Indicated, complete cognitive rest followed by gradual reintroduction of schoolwork.	Rest and recovery, avoidance of overexertion.
<b>Phase 2 - Light Aerobic Physical Activity</b> Student initial: _____ Trainer initial: _____ Date: _____	Non-impact aerobic activity (e.g. swimming, stationary biking) at <70% estimated maximum heart rate for up to 30 minutes as symptoms allow.	Increase heart rate, maintain condition, and assess tolerance of activity.
<b>Phase 3 – Moderate aerobic physical activity</b> Student initial: _____ Trainer initial: _____ Date: _____	Aerobic activity at 70-85% estimated maximum heart rate.	Increase heart rate; further assess conditioning and tolerance of activity.
<b>Phase 4 – Non-contact training drills at half speed.</b> Student initial: _____ Trainer initial: _____ Date: _____	Non-contact sport specific drills at reduced speed. Aerobic activity at 85% maximum heart rate. Moderate resistance training (e.g. weights at 50-65% previous max ability)	Begin assimilation into team dynamics; introduce more motion and non-impact jarring.
<b>Phase 5 – Light-contact training drills at full speed</b> Student initial: _____ Trainer initial: _____ Date: _____	Regular light-contact training drills; aerobic activity at maximum capacity including sprints; regular weight lifting routine.	Ensure tolerance of all regular activities short of physical contact.
<b>Phase 6 - Full contact practice</b>  <u><b>Obtain signed Physician's Authorization to Return Before Proceeding with Phases</b></u>	Following Clearance, Normal Training Activities	Restore confidence, assess functional skills by coaching staff, and ensure tolerance of contact sports.
<b>Phase 7 - Return to Competition</b>	Normal Game Play	

\*Adapted from Table 1 McCrory et al. Consensus Statement on Concussion in Sports 4th International Conference on Concussion in Sport, Zurich, November 2012

- Treatment, management, and return to play determinations will be individualized to each athlete and dependent on circumstances of each specific case and injury.
- A safe return to play is the ultimate goal regardless of age and level of play.

Once phase 5 of the Return to Play Protocol is completed and the student is asymptomatic, the school must obtain a signed Authorization to Return to Play from the student's physician before the student can be allowed to return to full unrestricted activity participation.

Athletic Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Staff Directions if a student is suspected of a possible concussion or head injury

### If a student experiences a head injury during the school day:

- Student should be evaluated by the Building RN immediately.
- If student is unconscious, 911 should be called immediately and Building RN should be immediately informed.
- Concussion Parent Notification Form must be completed and handed to the parent/guardian when they arrive to pick up the student.
- The Building Nurse or Athletic Trainer must have parent complete the bottom portion of the form to maintain as evidence that the family was notified.
- Once a student is suspected of a concussion or is diagnosed, we have full authority to begin the RTL protocols, unless otherwise directed by a physician.
- If a physician indicates that a student has a concussion and can start anywhere but Phase 1 of RTL, the physician must complete Physician Form 1 to inform the school what phase to begin.

### If a student (non-high school athlete) experiences a head injury after the school day:

- Remove student from competition.
- Immediately contact parents.
- Student cannot return to activity or competition until cleared by a physician.
- If student is unconscious or exhibits other life threatening behaviors, 911 should be called immediately and parent should be immediately informed.
- Concussion Parent Notification Form must be completed and handed to the parent/guardian when they arrive to pick up the student.
- The Supervising individual (coach, administrator, athletic coordinator, etc.) must have parent complete the bottom portion of the form to maintain as evidence that the family was notified.
- Student must complete the Return to Play Protocol prior to returning to practices or competition.

### If a High School athlete experiences a head injury after the school day:

- Summon ATC. In absence of ATC, follow the procedures below.
- ***In cases of unconsciousness, treat as a cervical injury.*** 911 should be called immediately and parent should be immediately informed.
- Any athlete who suffered a period of unconsciousness or exhibits symptoms of a concussion, no matter how brief, must not compete until cleared by a physician or the athletic trainers even if apparently fully recovered.
- ***Never allow athlete to return to play if not completely symptom free.***
- Send home the following forms:
  - Concussion Parent Notification Form must be completed and signed by the parent/guardian.
- Student must complete the Return to Play Protocol prior to returning to practices or competition.

# Parent and Physician Forms

# Concussion Protocol Information Letter

Dear Parent/Guardian,

\_\_\_\_\_ may have sustained a concussion or has been diagnosed with a concussion. Plainfield CCSD 202 manages concussion injuries using a stepwise return to learn and return to play protocol (see below for more information). Below is a description of the Plainfield Concussion Management Protocol.

## Plainfield CCSD 202 Concussion Management Protocol

1. Any student suspected of sustaining a concussion will be immediately removed from participation and referred to a physician.
2. Once asymptomatic and neurocognitive scores return to normal (if ImPACT/CVS test was administered), the student will begin a stepwise Return-to-Learn followed by a graduated Return-to-Play protocol, following the Plainfield CCSD 202 Progression. The student must be cleared by physician for return to full PE, band, or athletic participation.

### RETURN TO LEARN PROTOCOL

- Phase 1 and 2: No school attendance, emphasize cognitive and physical rest
- Phase 3: Option for modified daily class schedule
- Phase 4: Full day of school – symptom-free at rest
- Phase 5: Full academic load and start Return-to-Play Protocol

### RETURN TO PLAY PROTOCOL FOR ALL STUDENTS (EXCLUDING HIGH SCHOOL ATHLETES)

- Phase 1: No activity/rest
- Phase 2: Non-impact aerobic activity for 10-15 minutes (e.g. walking, stationary biking) at <70% estimated maximum heart rate for up to 30 minutes as symptoms allow.
- Phase 3: Moderate aerobic physical activity for 20-30 minutes, aerobic activity at 70-85% estimated maximum heart rate.
- Phase 4: Non-contact activity specific drills at reduced speed for at least 30 minutes. Aerobic activity at 85% maximum heart rate.
- Phase 5: Following clearance: Full return to Physical Education practices and activities. Full-contact practice, full scrimmage:
- Phase 6: Return to play: Normal game play

### RETURN TO PLAY PROTOCOL FOR HIGH SCHOOL ATHLETES IN SEASON

- Phase 1: No activity/rest
- Phase 2: Non-impact aerobic activity (e.g. swimming, stationary biking) at <70% estimated maximum heart rate for up to 30 minutes as symptoms allow.
- Phase 3: Moderate aerobic physical activity, aerobic activity at 70-85% estimated maximum heart rate.
- Phase 4: Non-contact sport specific drills at reduced speed. Aerobic activity at 85% maximum heart rate. Moderate resistance training (e.g. weights at 50-65% previous max ability)
- Phase 5: Regular light-contact training drills; aerobic activity at maximum capacity including sprints; regular weight lifting routine.
- Phase 6: Following clearance: Full-contact practice, participate in normal training
- Phase 7: Return to play: Normal game play

If at any time post-concussion symptoms occur during the graduated return, there will be at minimum a 24hr rest period. Once asymptomatic following the rest period the athlete will drop back to the previous asymptomatic level and the progression will resume. If a student athlete sustains more than one concussion per year that student must be cleared by a neurologist before return to athletic activities. If deemed necessary please note and list any modifications the student may need to return to school.

## Return-to-Learn Information Sheet

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 and Parent Responsibilities:

- 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. It is suggested that parents share this form with the treating physician.
- Student may start at any phase in Return to Learn as symptoms dictate and/or as recommended by physician.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome than if he or she tries to rush through these guidelines.
- Seek further medical attention if your child continues with symptoms beyond 7 days.

### School Procedures

- Once asymptomatic, the student will begin the Return-to-Learn Protocol.
- For every day the student is within Phases 1-3, they will be granted the same number of days to complete missed academic work.
- The student will be granted adequate time to complete missed academic work based on the amount of time needed for complete recovery.
- As the student's recovery progresses through Phases 1-3, teachers may consider options for reduced workload.
- Reported symptoms should be addressed by specific accommodations; Accommodations are reduced or eliminated as symptoms resolve
- If symptoms worsen at any phase, stop activity, rest and inform the Building RN.
- Students can remain at any phase as long as needed.
- Symptom free means no lingering headaches, sensitivity to light/noise, fogginess, drowsiness, difficulty concentrating, etc.
- Return to previous step if symptoms worsen.

### Student Responsibilities

- It is important that once the student has returned to school that they report to the Building RN daily in order to monitor symptoms as well as to determine progression to the next phase within the Return-to-Learn protocol.
- Students are encouraged to meet with Counselor/teachers regularly to discuss progress, grades, and status of make-up work.



# Physician Form 1 – All Students

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Head Injury Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Year: \_\_\_\_\_

**History:** Currently asymptomatic (>24hrs):  YES  NO

**Evaluation:**

	PLEASE SELECT FOR EACH ROW		
	Acceptable	Not Acceptable	Unsure evaluating/interpreting, comments
Neuro exam			
Balance (BESS)			
VOMS			
Memory			
Concentration			
Neuropsychological testing (Impact, CVS)			

Neuropsychological testing (Impact, CVS) baseline available  YES  NO

**Physician Diagnosis:** \_\_\_\_\_

**\*\*Treatment plan:**

- Student has been evaluated and **NOT diagnosed with a concussion**, Student may return to activity without restrictions.
- Student is **NOT** cleared. Return to office on \_\_\_\_\_
- Student is cleared to begin the following marked stages of the Return-to-Learn Protocol. Once the student completes the marked stages of the RTL, he/she must return to my office for re-evaluation before being cleared to begin the Return-to-Play Protocol.
  - Phase 1 and 2: No school attendance, emphasize cognitive and physical rest
  - Phase 3: Option for modified daily class schedule
  - Phase 4: Full day of school – symptom-free at rest
  - Phase 5: Full academic load and start Return-to-Play Protocol
- Student is cleared to begin the Return-to-Play Protocol.

Illinois law and Board policy require a student who has suffered a concussion or a suspected concussion to be evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, by a treating physician (chosen by the student or the student’s parent or guardian or another person with legal authority to make medical decisions for the student) or an athletic trainer working under the supervision of a physician and to submit a written statement from the treating physician or athletic trainer indicating that, in the physician’s professional judgment, it is safe for the student to return to play and learn, before the student can participate in interscholastic or intramural athletic activities, the physical activity portion of the student’s physical education class, and educational activities without accommodations, modifications, or monitoring.

**Additional Comments/ Suggested Accommodations or Modifications:** \_\_\_\_\_

**Physician’s Name** (please print): \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician’s Signature:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Dear Physician:

\_\_\_\_\_ may have sustained a concussion and has been referred to you for evaluation. Plainfield CCSD 202 manages concussion injuries using a stepwise return to learn and return to play protocol (see below for more information). Please complete the other side of this document.

Thank you for your assistance, and if you have any questions, please feel free to contact us.

Sincerely, \_\_\_\_\_

*Plainfield CCSD 202*

\_\_\_\_\_ *Date*

**Plainfield CCSD 202 Concussion Management Protocol**

3. Any athlete suspected of sustaining a concussion will be immediately removed from participation and referred to a physician.
4. Once asymptomatic and neurocognitive scores return to normal (if ImPACT/CVS test was administered), the athlete will begin a stepwise Return-to-Learn followed by a graduated Return-to-Play protocol, following the Plainfield CCSD 202 Progression. Athlete must be cleared by physician for return to full athletic participation.

**RETURN TO LEARN PROTOCOL**

- Phase 1 and 2: No school attendance, emphasize cognitive and physical rest
- Phase 3: Option for modified daily class schedule
- Phase 4: Full day of school – symptom-free at rest
- Phase 5: Full academic load and start Return-to-Play Protocol

**RETURN TO PLAY PROTOCOL FOR ALL STUDENTS (EXCLUDING HIGH SCHOOL ATHLETES)**

- Phase 1: No activity/rest
- Phase 2: Non-impact aerobic activity for 10-15 minutes (e.g. walking, stationary biking) at <70% estimated maximum heart rate for up to 30 minutes as symptoms allow.
- Phase 3: Moderate aerobic physical activity for 20-30 minutes, aerobic activity at 70-85% estimated maximum heart rate.
- Phase 4: Non-contact activity specific drills at reduced speed for at least 30 minutes. Aerobic activity at 85% maximum heart rate.
- Phase 5: Following clearance: Full return to Physical Education practices and activities. Full-contact practice, full scrimmage:
- Phase 6: Return to play: Normal game play

**RETURN TO PLAY PROTOCOL FOR HIGH SCHOOL ATHLETES IN SEASON**

- Phase 1: No activity/rest
- Phase 2: Non-impact aerobic activity (e.g. swimming, stationary biking) at <70% estimated maximum heart rate for up to 30 minutes as symptoms allow.
- Phase 3: Moderate aerobic physical activity, aerobic activity at 70-85% estimated maximum heart rate.
- Phase 4: Non-contact sport specific drills at reduced speed. Aerobic activity at 85% maximum heart rate. Moderate resistance training (e.g. weights at 50-65% previous max ability)
- Phase 5: Regular light-contact training drills; aerobic activity at maximum capacity including sprints; regular weight lifting routine.
- Phase 6: Following clearance: Full-contact practice, participate in normal training
- Phase 7: Return to play: Normal game play

If at any time post-concussion symptoms occur during the graduated return, there will be at minimum a 24hr rest period. Once asymptomatic following the rest period the athlete will drop back to the previous asymptomatic level and the progression will resume. If a student athlete sustains more than one concussion per year that student must be cleared by a neurologist before return to athletic activities. If deemed necessary please note and list any modifications the student may need to return to school.

# STUDENT, PARENT/GUARDIAN AGREEMENT TO PARTICIPATE

**Each student and his or her parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic sports or intramural athletics. The completed *Agreement* should be returned to the Coach.**

Student name (printed) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. The above-named student wishes to participate in the following interscholastic sports or intramural athletics (check all that apply):  baseball  basketball  cheerleading  cross country  d  football  golf  gymnastics  lacrosse  soccer  softball  swimming/diving  tennis  track  volleyball  wrestling  other (identify sports/athletics) \_\_\_\_\_. (Another *Agreement* must be signed if student later decides to participate in sport not marked above.)
2. Before the student will be allowed to participate, the student must provide the School District with a certificate of physical fitness (if participating in interscholastic sport(s), the Pre-Participation Physical Examination Form serves this purpose), show proof of accident insurance coverage, and complete any forms required by the relevant athletic association (e.g., the Illinois High School Association (IHSA)).
3. The student and the student's parent/guardian agree that the student will abide by all conduct rules and will behave in a sportsmanlike manner. They further agree that the student will follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
4. The student and the student's parent/guardian understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
5. Enclosed is a *Concussion Information Sheet*, which is written information explaining concussion prevention, symptoms, treatment, and guidelines, and includes guidelines for safely resuming participation in an athletic activity following a concussion.
6. The student and the student's parent/guardian are aware that with participation in sports comes the risk of injury, and that the degree of danger and seriousness of risk vary significantly from one sport to another, with contact sports carrying the highest risk. The student and the student's parent/guardian are aware that participating in sports involves travel with the team. The student and the student's parent/guardian acknowledge and accept the risks inherent in the sports or athletics in which the student will be participating and in all travel involved. The student and the student's parent/guardian agree to indemnify and hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with the student participating in the school-sponsored interscholastic sports or intramural athletics, to the extent allowed by law, including relating to physical injury to the student or others while participating in the above indicated sport or activity. The terms hereof shall serve as a release and assumption of risk for the student and the student's parent/guardian and their heirs, estate, executor, Administrator, assignees, and for all members of the student and the student's parent/guardian's family. The parent/guardian certifies that the student is in good physical health and is capable of participation in the above indicated sport or activity.
7. If any term, covenant, condition, or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

# Concussion Information Sheet

Board Policy 7:305, Concussions and Head Injuries, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.

This form must be given to a student and their parent guardian each year with the *Agreement to Participate*. The *Agreement to Participate* must be completed and signed each year by the student and the student’s parent (meaning the student’s natural or adoptive parent or other legal guardian or person with legal authority to make medical decisions for the student) before the student may participate in interscholastic sports or intramural athletics for the school year. This form contains all language from the Concussion Information Sheet approved by the Illinois High School Association.

## Concussion Information

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"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul>
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### Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li></ul>	<ul style="list-style-type: none"><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>
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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 play or physical activity, including the physical activity portion of physical education courses, 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. Board policy requires the same clearance before such a student can return to intramural athletics and the physical activity portion of a physical education class.

**You should also inform your child's coach if you think that your child may have a concussion, even if it resulted from an injury that occurred outside of school/school activities.** Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

**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.
- Tell your child's coaches 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.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

*Adapted from the IHSA Sports Medicine Acknowledgement & Consent Form, which is adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport*

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By signing below, the student and the student's parent/guardian indicate that they have received and read the above *Agreement to Participate* and the enclosed *Concussion Information Sheet*, and that they understand and agree to abide and be bound by the terms of those documents.

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

# Concussion Parental Notification Form

Date: \_\_\_\_\_

Dear Parent/Guardian,

Today, your child, \_\_\_\_\_, received a possible head injury during PE, practice, competition, or play. The purpose of this letter is to alert you to the possibility that such an injury occurred, of symptoms/signs observed by the staff, and of the signs and symptoms of such an injury that may arise and that will require further evaluation and/or treatment from a physician. Your child may not return to any activity (practice, games, drills, PE, recess, etc.) until cleared by a physician and if diagnosed with a concussion, your child must complete the Return to Learn and Return to Play protocols. Please complete the bottom section of this form to be maintained by the school.

## Symptoms/Signs observed

The signs and symptoms indicated below when the staff evaluated your child.

- |                              |                          |
|------------------------------|--------------------------|
| Headache                     | Ringing in the ears      |
| Nausea and/or vomiting       | Sensitivity to light     |
| Double vision                | Feeling in a "FOG"       |
| Blurred vision               | Fatigue                  |
| Spots before eyes            | Slurred speech           |
| Sleepiness and/or grogginess | Difficulty concentrating |
| Temporary loss of memory     | Any abnormal behavior    |
| Balance problems/dizziness   | Loss of consciousness    |

## Symptoms/Signs that may arise

Often, the signs and symptoms of a head injury may not appear immediately after the injury, but may arise several hours or days later. If you are unclear or have questions about any of the symptoms described herein, please contact a medical doctor for a medical opinion. If your child exhibits the following symptoms/signs, or you notice other behavior or conduct of your student that is out of the ordinary, you should seek immediate medical attention. Please note that this list is not all-inclusive.

- |                                     |  |   |
|-------------------------------------|--|---|
| • <u>Memory difficulties</u>        | • <u>Repeats the same answer or question</u> | • <u>Seizures</u>                       |
| • <u>Neck pain</u>                  | • <u>Vomiting</u>                            | • <u>Irritability</u>                   |
| • <u>Delicate to light or noise</u> | • <u>Fatigued</u>                            | • <u>Weakness/numbness in arms/legs</u> |
| • <u>Headaches that worsen</u>      | • <u>Focus issues</u>                        | • <u>Slurred speech</u>                 |
| • <u>Odd behavior</u>               | • <u>Irregular sleep</u>                     | • <u>Less responsive than usual</u>     |
|                                     | • <u>Slow reactions</u>                      |   |

Concussion Parent Notification Form Pg. 1 of 2

***Parent/Guardian: Complete and return the bottom portion of this form to the school.***

I have received a copy of the Concussion Parent Notification form for Plainfield School District 202. I understand that I have been advised to take my child for further evaluation and/or treatment from a physician. My child will begin the Return to Learn and Return to Play Protocols, unless I provide the school with a physician's letter indicating that my child doesn't have a concussion or I have the Physician's Form 1 completed by a physician indicating that my child may start at a Phase other than Phase 1 on the Return to Learn Protocol.

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent or Legal Guardian Name Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**Further precautions to consider**

Please take all necessary precautions and seek a professional medical opinion before allowing your child to engage in physical activities. Until a professional medical opinion is obtained, consider the following guidelines. These are only guidelines and suggestions and are not a replacement for a medical opinion:

<b>It is OK to:</b>	<b>There is NO need to:</b>	<b>Do NOT:</b>
<ul style="list-style-type: none"><li>• Use ice pack on head/neck as needed for comfort</li><li>• Eat a light diet</li><li>• Return to school</li><li>• Go to sleep</li><li>• REST (no activity or sports)</li></ul>	<ul style="list-style-type: none"><li>• Check eyes with flashlight</li><li>• Wake up every hour</li><li>• Test reflexes</li><li>• Stay in bed</li></ul>	<ul style="list-style-type: none"><li>• Eat spicy foods</li><li>• Engage in strenuous exercise</li><li>• Consume medications unless told to do so by a physician</li></ul>

**Return to Learn/Return to Play**

Your child will not be allowed to return to play (practice, competition, or play) in any interscholastic or intramural athletics or sports or participate in the physical activity portion of any physical education course in which the student is enrolled until the student has completed all requirements of Board policy and the District's Return-to-Learn and Return-to-Play protocols. This includes evaluation by a physician of your choice, who must sign off on your student's ability to return to learn and return to play. You should provide a copy of this letter and any other documentation you receive from the District regarding the incident to the physician conducting the evaluation for Return-to-Learn/Return-to-Play. Copies of the Board policy, Return-to-Learn protocol, and Return-to-Play protocol are included with this letter.

If you have any questions, please contact me.

Sincerely,

\_\_\_\_\_, Phone Number: \_\_\_\_\_

***For School Use Only:***

\_\_\_\_\_  
Staff Name Printed

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date Received

# Authorization to Return to Play, Return to Learn, and Return to Physical Education Activity after Completion of the RTL and RTP Protocols

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Student School Name: \_\_\_\_\_

Illinois law provides that a student removed from an interscholastic athletics practice or competition for a suspected concussion during such an activity or practice may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until certain requirements have been met. Board policy also requires that certain requirements be met before a student suspected of suffering a concussion at any time or place be allowed to practice or compete in an interscholastic sports or intramural activities, participate in the physical activity portion of any physical education class in which the student is enrolled, or be considered fully recovered for purposes of participating in scholastic activities without informal or formal accommodations, modifications of curriculum, or monitoring by a medical or academic staff.

To comply with those requirements, this form must be completed for any student who has suffered or is suspected of having suffered a concussion at any time or place, including during an interscholastic athletics practice or competition, before the student is allowed to return to play (in either interscholastic or intramural activities), to physical education activities, or to learn without informal or formal accommodations, modifications of curriculum, or monitoring by a medical or academic staff.

The physician/athletic trainer and parental portions of this form should be completed first by the physician/athletic trainer and the parent and returned to [insert name of person appointed to implement the return-to-learn and return-to-play protocols by the District and contact information]. District Administration will then complete the remaining portions before allowing the student to return to play, physical education activity, or learn.



**I. TO BE COMPLETED BY THE PHYSICIAN/or Non-CCSD 202 ATHLETIC TRAINER**

Illinois law and Board policy require a student who has suffered a concussion or a suspected concussion to be evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, by a treating physician (chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student) or an athletic trainer working under the supervision of a physician and to submit a written statement from the treating physician or athletic trainer indicating that, in the physician's professional judgment, it is safe for the student to return to play and learn, before the student can participate in interscholastic or intramural athletic activities, the physical activity portion of the student's physical education class, and educational activities without accommodations, modifications, or monitoring. The student identified on this form is seeking such evaluation and clearance from you via completion of this form.

Physician Name & Office Name (if any): \_\_\_\_\_

Office Address: \_\_\_\_\_

Please check or provide information for every box:

- I am a treating physician or an athletic trainer working under the supervision of a physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student to evaluate the student.
- The parent has provided me a copy of the Head Injury Information Sheet, the completed Return to Learn and Return to Play protocols, and any other information regarding the incident that were received from the student's school at the time of the injury.
- I evaluated the student using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines. Date of evaluation: \_\_\_\_\_
- In my professional judgment, it is safe for the student to return to play in interscholastic sports or intramural athletics.
  - If it is not safe, provide more information here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- In my professional judgment, it is safe for the student to return to learn without accommodations, modifications, or monitoring.
  - If it is not safe, provide more information including any recommended accommodations, modifications, or monitoring : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide any other pertinent information to be considered by the school here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. TO BE COMPLETED BY THE PARENT/GUARDIAN**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

You must agree to all of the following before your student can return to play, return to physical education activity, and return to learn without accommodations, modifications, or monitoring:

- I am the student's parent or guardian or another person with legal authority to make medical decisions for the student.
- I or my student chose the treating physician or athletic trainer identified on the Physician Form to evaluate the student.
- I have been informed concerning and consent to the student participating in returning to play in accordance with the return-to-play and return-to-learn protocols.
- I understand the risks associated with the 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.
- 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 in Part I and any return-to-play or return-to-learn recommendations of the treating physician or the athletic trainer contained therein.
- I understand that all sports can involve many risks of injury and that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I agree, in consideration of the School District permitting my child to return to play, to indemnify and hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with my child's return to play. I assume all responsibility and certify that the student is in good physical health and is capable of returning to play.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### III. TO BE COMPLETED BY THE ADMINISTRATION

Administrator's Name and Title: \_\_\_\_\_

Every box must be checked for the student to return to play:

- I am not the coach of an interscholastic team.
- The student has successfully completed each requirement of the following protocols:
  - Return-to-play protocol
  - Return-to-learn protocol
- I authorize the student to:
  - Return to play and physical education activities *\*If not checked, the student should not be allowed to participate in such activities\**
  - Return to learn without accommodations, modifications of curriculum, or monitoring by a medical or academic staff *\*If not checked, the student should be referred to the Concussion Oversight Team to address necessary accommodations, modifications, or monitoring\**

Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## District Concussion Oversight Team Members:

Jill Accardo, Nursing Coordinator, RN, PEL-CSN, NCSN

Brian Beck, Athletic Trainer Plainfield South High School

Christine Belecastro, School Counselor, Plainfield East High School

Craig Brown, Director of Administration and Personnel for High School

Alan Donley, Assistant Athletic Trainer Plainfield South High School

John Evans, Assistant Principal JFK Middle School

Ann Gecevis, School Psychologist Plainfield East High School

Mina Griffith, Assistant Superintendent for Student Services

Lori Lenckus, RN, PEL-CSN Plainfield North High School

Tom Novinski, Principal, Ira Jones Middle School

Dr. Deepak Patel, MD, FAAFP, FACSM, Consulting Physician

Jeff Peterson, Assistant Principal, Liberty Elementary School

Dave Stevens, Athletic Director Plainfield Central High School

Laura Weed, Assistant Principal Eagle Point Elementary School

# BOE Policy

## Definitions

For purposes of this policy, “interscholastic athletic activity” means any organized school-sponsored or school-sanctioned activity for students, generally outside of school instructional hours, under the direction of a coach, athletic director, or band leader, including, but not limited to, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, wrestling, and all other interscholastic athletics.

“Coach” means any volunteer or employee of a school in the District who is responsible for organizing and supervising students to teach them or train them in the fundamental skills of an interscholastic athletic activity, including both head coaches and assistant coaches.

## Parental and Student Agreement to Participate

A student may not participate in an interscholastic or intramural athletic activity for a school year until the student and the student’s parent or guardian or another person with legal authority to make medical decisions for the student have signed an *Agreement to Participate* including, at a minimum, all concussion information on the then-current concussion information form approved by the Illinois High School Association. The *Agreement to Participate* must include information that explains concussion prevention, symptoms, treatment, and oversight and guidelines for safely resuming participation in an athletic activity following a concussion. The form shall inform students and their parents/guardians about this policy, and must require the student and the student’s parent, guardian, or other person with legal authority to make medical decisions for the student to acknowledge that they have received and read the information and guidelines in the form.

## District Concussion Oversight Team and Return-to-Play and Return-to-Learn Protocols

The District shall have a District-wide concussion oversight team. The District concussion oversight team shall:

Establish a return-to-play protocol, based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, for a student’s return to interscholastic and intramural athletics practice or competition and physical education activity following a force or impact believed to have caused a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity;

Establish a return-to-learn protocol, based on peer-reviewed scientific evidence consistent with Centers for Disease Control and prevention guidelines, for a student’s return to the classroom without accommodations, modifications, or monitoring after that student is believed to have experienced a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity;

Include members appointed by the Superintendent or the Superintendent’s designee, including, to the extent practicable:

At least one physician;

An athletic trainer, if one is employed by a school in the District;

A nurse, if one is employed by a school in the District; and

Any other licensed healthcare professionals or other individuals the Superintendent or the Superintendent’s designee determines should be part of the team.

The Superintendent shall appoint a person who is responsible for implementing and complying with the return-to-play and return-to-learn protocols adopted by the concussion oversight team. The Superintendent shall supervise the appointed person, or shall designate another person, other than a coach of an interscholastic athletics team, to have such supervisory responsibility.

#### Removal From Interscholastic Athletics Practice and Competition and Physical Education and Return to Learn Protocol

A student must be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity:

A coach;

A physician;

A game official;

An athletic trainer;

The student's parent or guardian or another person with legal authority to make medical decisions for the student;

The student; or

Any other person deemed appropriate under the District's return-to-play protocol.

This includes students exhibiting signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems).

A student suspected under this Policy of having sustained a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity, must also be removed from any intramural athletic activities and from the physical activity portion of the physical education course in which the student is enrolled.

A student suspected under this Policy of having sustained a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity, shall also be assessed by the Concussion Oversight Team under the District's return-to-learn protocol to determine if there are informal or formal accommodations, modifications of curriculum, or monitoring by medical or academic staff necessary in the student's educational courses before the student is fully recovered. If available, the Concussion Oversight Team shall consider any proposed accommodations, modifications, monitoring suggested by or other information provided by the student, the student's parent or legal guardian, or a physician or athletic trainer who has evaluated the student.

#### Parental Notification

In any case where a student is suspected under this Policy of having sustained a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity, the Superintendent or the Superintendent's designee shall notify the student's parent or legal guardian in writing of the District's knowledge regarding the incident leading to such removal using a form letter created for that purpose by the Superintendent or the Superintendent's designee.

#### Return to Play

A student removed from an interscholastic athletics, intramural athletics, or physical education activity under this Policy shall not be permitted to return to such athletics or activity until:

The student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, by a treating physician (chosen by the student or

the student's parent or guardian or another person with legal authority to make medical decisions for the student) or an athletic trainer working under the supervision of a physician;

The student has successfully completed each requirement of the return-to-play protocol established by the District's concussion oversight team;

The student has successfully completed each requirement of the return-to-learn protocol established by the District's concussion oversight team;

The treating physician or athletic trainer working under the supervision of a physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play and return to learn; and

The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

Have acknowledge that the student has completed the requirements of the return-to-play and return-to-learn protocols necessary for the student to return to play;

Have provided the treating physician's or athletic trainer's written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play and return to learn to the person appointed by the Superintendent as responsible for implementing and complying with the return-to-play and return-to-learn protocols adopted by the District's concussion oversight team; and

Have signed a consent form indicating that:

They have been informed concerning and consent to the student participating in returning to play in accordance with the return-to-ply and return-to-learn protocols;

They understand the risks associated with returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols; and

They consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996, of the treating physician's or athletic trainer's written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play and return to learn to the person appointed by the Superintendent as responsible for implementing and complying with the return-to-play and return-to-learn protocols adopted by the District's concussion oversight team 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.

A coach of an interscholastic athletics team may not authorize a student's return to play.

### Return to Learn

A student suspected under this Policy of having sustained a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity, may not return to educational activities without informal or formal accommodations, modifications of curriculum, or monitoring by medical or academic staff deemed necessary by the Concussion Oversight Team until the student has completed the District's return-to-learn protocol and the District has received a treating physician's or athletic trainer's written statement indicating that, in the physician's professional judgment, it is safe for the student to return to learn without such accommodations, modifications, or monitoring. A coach of an interscholastic athletics team may not authorize that a student has completed the return-to-learn protocol.

### Training

All high school coaching personnel, including the head and assistant coaches, and the athletic directors, shall pass concussion certification training required by the Illinois High School Association before the starting date of their position.

Beginning September 1, 2019, and at least once every 2 years thereafter, the following persons must submit proof of timely completion of an approved concussion training course to the Superintendent or the Superintendent's designee:

A coach or assistant coach of an interscholastic athletic activity must submit proof of completion of a training course on concussions approved by Illinois High School Association;

A nurse employed by the District or a volunteer nurse who serves as a member of the District's concussion oversight team must submit proof of completion of a training concerning the matter of concussions that has been approved for continuing education credit by the Department of Financial and Professional Regulation; and

An athletic trainer must submit proof of completion of a concussion-related continuing education course from an athletic trainer continuing education sponsor approved by the Department.

A physician who serves as a member of a concussion oversight team shall, to the greatest extent practicable, periodically take an appropriate continuing medical education course in the subject matter of concussions.

A physician, athletic trainer, or nurse who is not compliance with the training requirements of this policy may not serve on the District's concussion oversight team in any capacity.

#### Emergency Action Plan

The Board shall adopt an emergency action plan for interscholastic athletic activities to address the serious injuries and acute medical conditions in which the condition of the student may deteriorate rapidly. The plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and a plan for emergency transport. The emergency action plan shall be:

In writing;

Reviewed by the concussion oversight team;

Approved by the Superintendent or the Superintendent's designee;

Distributed to all appropriate personnel;

Posted conspicuously at all venues utilized by the District; and

Reviewed annually by all athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.

#### Compliance with IHSA Protocols, Policies, and By-Laws and

The District shall comply with the protocols, policies, and by-laws of the Illinois High School Association (IHSA) regarding concussions.

#### Educational Materials

The District shall use education materials provided by the Illinois High School Association to educate coaches, student-athletes, parents and guardians of student athletes, physical education teachers, and students about the nature and risk of concussions and head injuries, including continuing to play after a concussion or head injury, in compliance with State law. At least annually, high school coaching personnel and athletic directors shall require their student athletes to watch the video that is part of the IHSA online concussion certification program to increase athlete awareness of the risk of concussions and sub-concussive hits to the head.

Leg. Reference: 105 ILCS 5/10-20.53

105 ILCS 5/22-80

105 ILCS 5/27-6

105 ILCS 5/27-8.1(1)