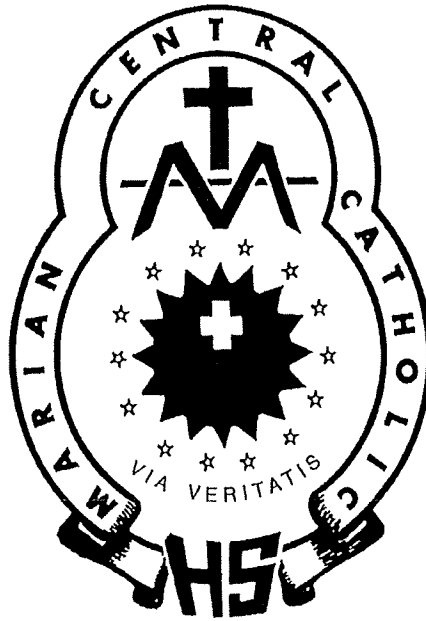


Marian Central Catholic High School



Concussion Protocol 2021-2022

NURTURING FAITH ~ IMPARTING KNOWLEDGE ~ INSPIRING
ACHIEVEMENT

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Marian Central Catholic High School 2021-22 Concussion Oversight Team

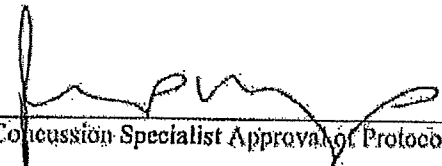
Ms. Debra Novy Curriculum Director
 Mr. Curtis Price Athletic Director
 Mrs. Sarah Oelsen Asst. Athletic Director
 Ms. Tanna Coss Athletic Trainer, *Athletico*
 Mr. Tom Kruse Guidance
 Dr. Lawton Team Physician
 Dr. Raju Concussion Specialist



 Team Physician Approval of Protocol Date 12/6/21

OrthoIllinois

 Title & Organization



 Concussion Specialist Approval of Protocol Date 11/19/21

OrthoIllinois

 Title & Organization

Purpose:

In accordance with the Youth Sports Concussion Act (Public Act 099-0245), Marian Central High School administration and faculty have developed a Concussion Protocol. This Protocol addresses the directives of the state of Illinois legislature.

On August 3rd, 2015, Governor Rauner signed into law SB 07 (Public Act 99-245). The legislation focuses primarily on concussion management at the middle school/junior high school and high school levels. The legislation amends the School Code and is a requirement for all schools (Illinois High School Association).

Highlights of the Youth Sports Safety Act:

- Each school board in the state of Illinois shall adopt a policy regarding student-athlete concussions and head injuries that is in compliance with the protocols, policies, and by-laws developed by the Illinois High School Association.
- Each school district must use education materials provided by the Illinois High School Association to educate coaches, student-athletes, and parents/guardians of student-athletes about the nature and risk of concussions and head injuries, including continuing play after a concussion or head injury.
- The formation of Concussion Oversight Teams (COT) at all public, private, or charter schools. The COT's primary function will be to develop return-to-play and return-to-learn protocols for student-athletes believed to have experienced a concussion. The protocols should be based on peer-reviewed scientific evidence consistent with guidelines from the Center for Disease Control and Prevention. These teams can contain a range of individuals based on the resources available to the school in their community or neighborhood but must include one person who is responsible for implementing and complying with the return-to-play and return-to-learn protocols.
- No later than September 1, 2016, all interscholastic coaches and licensed officials will need to complete a training program of at least two hours on concussions. Coaches, nurses, and game officials must provide the school or district with proof of successful completion of the training. Training must be completed every two years. Head coaches and assistant coaches must complete the required training as well as members of a school/district's COT (Illinois High School Association).

Public, Private, and Charter schools must also develop a school-specific emergency action plan for interscholastic athletic activities to address the serious injuries and acute medical conditions in which the condition of the student-athlete may deteriorate rapidly. There are certain provisions the plan must include and it must be reviewed by the COT before being approved by the school. The plan must be distributed to appropriate personnel, posted at the school, and reviewed annually (Illinois High School Association).

Head Injury Care

Injuries to the head are very different than injuries to other parts of the body. It is known that an adolescent's susceptibility to a head injury, specifically a concussion, is greater than that of an adult. Additionally, the healing time of an adolescent's concussion can take longer.

Marian Central Catholic High School understands the safety and welfare of our student-athletes is a primary concern. As such, all Marian Central Catholic High School athletic coaches, volunteer and paid, will complete the National Federation of High School's *Concussion in Sports – What you Need to Know* video at the start of each athletic season. Student-athletes and Coaches will also watch the Heads Up: Concussion in High School Sport at the start of their season. Completion will be monitored by the school's athletic director.

There is currently no "concussion-proof" equipment made for any sport. As such, the following guidelines are to be followed by school personnel when a student-athlete incurs a head injury.

Signs/Symptoms consistent with a concussion (include but are not limited to):

Signs Observed By Parent/Staff	Symptoms Reported by Student-Athlete
<ul style="list-style-type: none"> ● Appears dazed or stunned ● Is confused by about assignment or position ● Forgets an instruction ● Moves Clumsily ● Answers questions slowly ● Loses consciousness (even briefly) ● Shows mood, behavior, or personality changes ● Cannot recall events prior to hit or fall ● Cannot recall events after hit or fall ● Vacant stare ● Loss or orientation (time, place, situation) ● Difference in pupil size 	<ul style="list-style-type: none"> ● Headache or "pressure" in head ● Dizziness ● Nausea or Vomiting ● Balance problems or dizziness ● Double or Blurred vision ● Sensitivity to light ● Sensitivity to noise ● Feeling sluggish, hazy, foggy, or groggy. ● Concentration or memory problems ● Confusion ● Just not "feeling right" or is "feeling down" ● Ringing in ears ● Difficulty sleeping

Action Plan:

If you suspect that a student-athlete has a concussion, you should take the following steps:

1. Remove the student-athlete from play.
2. Ensure that the athletic trainer evaluates the student-athlete.
3. If no athletic trainer is available, the student-athlete will not return to practice or play. The coach will decide if 911 should be called. The parent(s) should be called and informed of their child's condition. The athletic trainer will be notified immediately. If 911 is called, the athletic director or assistant athletic director should be contacted immediately.
4. The student-athlete is not to be left alone following the injury. Monitoring of the student-athlete for deterioration is essential over the initial few hours following the injury.
5. Give the student-athlete's parents or guardians a fact sheet on concussions. Stress to the parents or guardian to allow the student-athlete to sleep and to **NOT** allow the student-athlete to take any pain medication as it can mask true concussion symptoms and escalate other more serious head injuries.
6. Keep the student-athlete out of play the day of the injury and until a physician, trained in the evaluation student-athlete and management of concussions states the student-athlete is symptom free and has written permission from a health care professional to return to play.
7. Notify the school administration of the student-athlete's concussion.
8. When in doubt, sit them out.

Return to Learn Guidelines

Knowing and understanding the signs and symptoms of a concussion will assist educators in understanding the need for academic accommodations and better equip educators to identify appropriate accommodations to support the student-athlete's learning.

Accommodations

The National Association of School Psychologist provides the following information and guidelines for accommodations (McAvoy):

Most Commonly Affected Mental and Functional Areas

Mental Fatigue

During recovery, the concussed brain is starved for energy whenever it exerts. As a result, it tires more easily with almost all physical or mental demands. This underlying issue is the primary explanation for most of the physical, cognitive, emotional, and sleep/energy symptoms. Understanding the need to reduce the physical and/or mental exertion is the key to reducing mental fatigue. Suggested interventions include:

- Shortened day, if needed. This typically means a later start or an early dismissal, depending upon the student-athlete 's peak time of the day. This is the crux of the return to school part-time or full-time question. If the student-athlete 's symptoms are so severe that he/she can only tolerate a partial day, then that must be the temporary, initial plan. However, as the student-athlete improves on a daily basis, the need for part-time school must be assessed frequently and the student-athlete should increase time at school as tolerated. When given the choice to increase academic adjustments or to decrease time at school, the recommendation would be to increase academic adjustments. This keeps the student-athlete at school and on the appropriate developmental, social, and academic track during the recovery from the concussion.
- Frequent short rest periods throughout the day as needed.
- Even better than random rest periods, the student-athlete is advised to take strategic rest periods (i.e., scheduled breaks at regular intervals).
- Cutting back the amount of in-class schoolwork and at-home homework. Cutting back is determined by the teacher and is based upon the material being taught and the style of teaching:
 - Cutting back in a class with sequential instruction may mean reducing the number of problems (e.g., from 20 to 10).
 - Cutting back in a lecture-based class may mean allowing the student-athlete to audit the lecture. Audit refers to the ability to listen to the lecture without producing the written work.
- Sunglasses for light sensitivity and/or earphones for sound sensitivity. In some cases, removal from loud, congested areas, such as the lunchroom, passing in the hallways, etc.
- Emotional meltdowns and behavioral outbursts are a common result of mental fatigue, especially in younger children. Allow the student-athlete to leave the room for a rest break or a time away, or a check in with *Guidance Department or Main Office* (McAvoy).

Slowed processing speed

Slowed processing speed is a common symptom of brain injury/concussion. Slowed processing speed will still allow a student-athlete to learn and complete work but at a much slower pace, and often with much more mental energy expended. Suggested interventions include:

- Cutting back on the amount of work given in class and for homework. With slowed processing speed, it will take the concussed student-athlete much longer to complete work, and too much will undoubtedly cause mental overexertion. The teacher should decide what concepts are most important to teach and the student-athlete to learn during the recovery. Strive for quality of work, not quantity at this time.
- Extra time on projects and tests. Note that it is unfair to give a concussed student-athlete a test during recovery. Even if the concepts have been learned, giving the test at this time will likely be an unfair assessment of mastery.
- Use of a note buddy or copies of teacher's notes.
- Use of organizational helpers and/or technology to make output easier and more efficient.
- Adjust due dates (McAvoy).

Difficulty with new learning

Educators need to be sensitive to the fact that while the goal of school every day is to impart new learning, the compromised brain is inefficient in its ability to create new learning. The material presented to a student-athlete during recovery from concussion has a difficult time being converted, not only into memory, but also into conceptual learning. Difficulty with new learning leads to these suggested interventions:

- Be thoughtful about the material most important to impart during a concussion. Because the learning process is compromised, the teacher will need to choose the most salient elements in the lesson plan.
- Remove or exempt from tests or large projects. It would not be fair to test/ assess a student-athlete on a high stakes test or project during the recovery from a concussion.
- Focus on understanding the material rather than rote memorization of the facts.
- If possible, remove, do not just postpone, in-class work and homework. It is not possible for the student-athlete to make up all the work missed while recovering from a concussion. Simply carrying work over for a later date creates significant anxiety and impedes recovery (McAvoy).

The above accommodations are intended to provide a broad overview of optional modifications to the student-athlete's academic plan; however, not all apply to every situation, and the list is not intended to be all-inclusive.

Possible Stages of Recovery and Suggested Return To Learn Protocol

Below are suggested levels of activity based on the student-athlete's recovery. The levels are intended to provide a guideline for assessment and implementation of modifications rather than a definitive timeline or precise recovery structure. Most RTL protocols will be based on a 1-2 week recovery.

No Academic/Cognitive Activity

Full rest
No screens (i.e. laptop, cell phone, TV)
Low or no light

Light Academic Activity (Trial School Attendance)

Limited attendance (i.e. 50% of day)
Limited to no reading
Limited to no assignments or extended time on assignments
Student-athlete to work in either classroom or guidance
No tests, quizzes, or major assessments

Increased Academic Activity

Increased attendance (i.e. 50 to 75% days)
Limited assignment expectations
Extended time on assignments
Student-athlete to work in either classroom or guidance
No tests, quizzes, or major assessments

Full-time Attendance

Student-athlete will return to the classroom with the exception of certain courses (i.e. phys. ed., music)
Student-athlete will have the opportunity to return to guidance if symptoms return
Extended time on assignments
Extended time on tests
Alternative testing location
Tests read aloud

Return to Academics

Full-time attendance
Testing resumes
Guidance will continue to monitor academic progress for a specified period of time.

Please refer to the **Return to Academic Progression Chart**, – (Appendix A)

Responsibilities of all Stakeholders:

Coach/Athletic Trainer/Athletic Directors

The coach, athletic trainer, and/or athletic directors must adhere to the Return to Play Protocol and communicate the implementation of the protocol to the school principal.

Parents

Parents are asked to communicate with the school office & athletic trainer as well as the designed guidance counselor to report medical information and support the student-athlete in medical and academic plan.

Medical Professional

The medical professional will evaluate the student-athlete injury, specify the extent of the injury (if possible), provide a timeline for recovery, and reevaluate the student-athlete for release or identify the time of release.

School Administration

The school principal will support the guidance counselor in the development and implementation of the RTL protocol.

Guidance Counselor

The designated guidance counselor will communicate with parents, teachers, student-athlete, office staff, and administration all necessary information regarding the RTL protocol including date of release.

Student-athlete

The student-athlete will adhere to all recommendations outlined in the RTL protocol and will communicate with parents, teachers, and guidance counselor any concerns or issues.

Teachers

All teachers of student-athletes with RTL protocol will provide interventions according to the defined modifications for the articulated timeline supplied by the Guidance Department. Suggestions for these interventions found on RTL Classroom Strategies (Appendix B)

Once a student-athlete has been evaluated and determined to have suffered a concussion, the Return to Learn (RTL) protocol will be activated.

Responsibilities of Stakeholders

1. The athletic department, parents, and/or athletic trainer will notify the guidance department of the student-athlete's injury.
2. The guidance department will identify the school guidance counselor who will oversee the Return to Learn (RTL) protocol with the student-athlete.
3. The Guidance Dept. communicates with attendance secretary about the date of the student-athlete's concussion diagnosis as well as any alterations to the student-athlete's school attendance expectations.
4. The Attendance Secretary will input the date of the concussion diagnosis into the school's student information system.
5. The guidance counselor will discuss with the student-athlete and parents the options for accommodations, the timeline for review, and the timeline in which the family will obtain a reevaluation and potential release for the student-athlete.
6. The guidance counselor with support from the administration, teachers, parents, and academic resource teacher, will articulate the RTL accommodations, which will be implemented for the injured student-athlete, identifying the timeline under which the accommodations will be placed.
7. The guidance counselor will use the Symptom Evaluation Checklist (Appendix C) after each period the first half day back, and then once per half day thereafter. On the student-

athlete's first whole day back, student-athlete will be evaluated again after each period, and then once per day thereafter until student-athlete is symptom free.

8. The guidance counselor will communicate those accommodations to administration, teachers, parents, and the student-athletes.
9. The guidance counselor will schedule a meeting for reevaluation of the RTL accommodations based on the defined timeline.
10. The guidance counselor will notify the administration, teachers, parents, and attendance secretary when the RTL accommodations are no longer needed.

Return to Play Guidelines

Requirements to begin 5 Step Return to Play Protocol:

- Prior to returning to ANY physical activity (including physical education class) the student-athlete must report to the Athletic Trainer for further evaluation. The student-athlete should not participate in any physical activity until evaluated by the athletic trainer. The Athletic Trainer will:
 - Hold the student-athlete from playing until the student-athlete sees a doctor**AND**
 - Contact the student-athlete's parents about the incident and the need to hold the student-athlete from play until the school receives a copy of the doctor's assessment (whether concussed or not)
- The student-athlete should receive cognitive test (SCAT5) while symptomatic from the athletic trainer. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) may worsen the symptoms of a concussion.
- Neuro-cognitive testing (Impact Concussion Program) will be used as a tool provided the student-athlete has completed a baseline test within the past 2 years. The student-athlete should be symptom free at the time of this test as the test can reproduce symptoms.

Graduated Return to Play Protocol:

The return to play protocol will start after a physician has cleared the student-athlete AND neuro-cognitive score has returned to normal. *****IHSA RTP/RTL Consent Form (Appendix D) must be signed by both the physician and parent before steps are implemented.**

Step 1: Rest

Step 2: Light aerobic exercise to increase heart rate and blood pressure in the brain.

Step 3: Perform moderate to heavy cardio with anaerobic activities.

Step 4: Light contact with no head impact activities and/or sport specific drills

Step 5: Full participation in practice with full contact.

*****Successful completion of Return To Play Protocol will signify release to fully participate in PE classes.***

In the event the student-athlete has symptoms during any of the above steps, then the process will restart to Step 1 with a minimum of 48 hours of rest before resuming the sequence.

For a list of physicians familiar with concussion management programs and neuro-cognitive testing, please contact your Certified Athletic Trainer.

Illinois High School Association Return to Play Policy states, “House Bill 200, which recognizes the dangers associated with head injury and concussion, became effective on July 1, 2011. The legislation also requires IHSA member schools to adopt a policy regarding student-athlete concussions and head injuries that is in compliance with the protocols, policies, and by-laws of the IHSA. Information on the school’s concussion and head injury policy must be a part of any agreement contract, code, or other written instrument that a school requires a student-athlete and his or her parents or guardian to sign before participating in practice or interscholastic competition.

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from participation or competition at that time.

A student-athlete who has been removed from an interscholastic contest for a possible concussion or head injury cannot return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.

If not cleared to return to that contest, a student-athlete cannot return to play or practice until the student-athlete has provided his or her school with written clearance from 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.”

References

- Illinois High School Association. (n.d.). Concussion Management: Sports Medicine update – Youth Sports Concussion Act (Public Act 099-0245). Bloomington, IL. Retrieved Sept 3, 2015, from <http://ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx>
- McAvoy, K. (n.d.). Research-Based Practice: Return to Learning: Going Back to School Following a Concussion. *NASP Communique*. Bethesda, MD: National Association of School Psychologists. Retrieved Sept 2, 2015, from <http://www.nasponline.org/publications/cq/40/6/return-to-learning.aspx>
- St. Andrew's College. (n.d.). Concussion Protocols. Aurora, ON. Retrieved Sept 2, 2015, from <http://sac.on.ca/discover/health-centre/concussion-protocols/index.aspx>

Appendix A
Return to Academic Progression

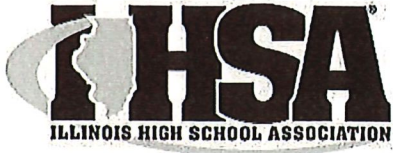
Steps	Progression	Description	Date Completed
1	HOME: Cognitive & Physical Rest	<ul style="list-style-type: none"> - Stay at home - No driving - Limited mental exertion – (computer, texting, video games, homework) 	
2	HOME – Light Mental Activity	<ul style="list-style-type: none"> - Stay at home - No driving Up to 30 minutes mental exertion including homework at home - NO prolonged concentration (Intervals of rest between mental activities) 	
Progress to Step 3 when student-athlete handles at least 30 Minutes of sustained mental exertion without worsening symptoms.			
3	SCHOOL – Part Time (Up to ½ Day) Maximum accommodations Alternating A.M./P.M. schedule each day Built-in breaks 1 st day back: Student-athlete checks into Guidance after each period (30 min class) for rest & a symptom evaluation	<ul style="list-style-type: none"> - Provide a quiet place (Guidance) for <u>scheduled</u> mental rest - No classroom or standardized testing - Modified academic expectations - Provide extra time, help, copy of notes 	
4	SCHOOL – Part Time (½ to ¾ Day) Maximum accommodations Alternating A.M./P.M. schedule each day 2 nd & subsequent ½ days: Student-athlete checks into Guidance at the end of each day for a symptom evaluation	<ul style="list-style-type: none"> - Provide a quiet place as needed (Guidance) - No standardized testing - Modified classroom testing - Moderate decrease of extra time, help & modification of assignments 	
Progress to Step 5 when student-athlete can participate in ½ to ¾ day of school without worsening of symptoms.			
5	SCHOOL – Full Time Minimum accommodations Built-in breaks: 1 st – 5 th day back: Student-athlete checks into Guidance after each period first day & end of day thereafter (40 min class) for a symptom evaluation	<ul style="list-style-type: none"> - Provide quiet place as needed (Guidance) - No standardized tests: routine classroom tests allowed - Continued decrease of extra time, help and modifications needed - May require some support in challenging academics 	
6	SCHOOL – Full Time Full academics No accommodations	<ul style="list-style-type: none"> - Attends full class load - Full homework & testing with no accommodations 	

Appendix B
Symptom Evaluation
(Taken from Athletico SCAT5)

Symptom Evaluation	Evaluate symptom from Zero – 6, (Zero being no sign of that symptom to 6 being the worse it could be)						
Headache	0	1	2	3	4	5	6
Pressure in the head	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
Dizziness	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
Sensitivity to Light	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling “in a fog”	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 Remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Emotional/Sad	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6

Appendix C
Return To Learn ~ Classroom Strategies

Symptoms	Possible Adjustments
Headache	Frequent Breaks Identify aggravators and reduce exposure to them Rests, planned or as needed, in quiet area
Dizziness	Allow student-athlete to put head on desk Give student-athlete early dismissal class and extra time to get to next class
Visual Symptoms (double vision, light sensitivity, blurry vision)	Reduce exposure to computers, videos Reduce brightness on screens Allow the student-athlete to wear a hat or sunglasses Consider use of audiotapes of books Turn off fluorescent lights Seat student-athlete closer to center of classroom activities to help blurry vision
Noise Sensitivity	Allow student-athlete to have lunch in a quiet area Limit or avoid band, choir or shop classes Avoid noisy gyms Consider use of earplugs Give student-athlete early dismissal class and extra time to get to next class
Difficulty concentrating or remembering	Avoid testing or completion of major projects during recovery when possible Provide extra time to complete non-standardized tests Postpone standardized tests Consider one test per day during exams
Sleep Disturbances	Allow late start or shortened days Allow rest breaks



Post-concussion Consent Form (RTP/RTL)



Student's Name _____ Year in School 9 10 11 12 _____ Date _____

By signing below, I acknowledge the following:

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

Student's Signature _____

Parent/Guardian's Name _____

Parent/Guardian/s Signature _____

For School Use only:

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

Cleared for RTL	Cleared for RTP
Date _____	Date _____