

2019-2020

Concussion Safety Plan

LaGrange Highlands School District 106 Information, Guidelines, and Protocols

It is important to note the protocols and procedures described in this document apply to any Highlands' student who sustains a concussion—even a mild concussion. Further, these guidelines apply regardless of where or how the student sustained the concussion (e.g., at school, at a sporting event, at home, on the weekend, over summer break).

To ensure the success of this critical plan—which is designed to support and protect the health and well-being of every student at Highlands, as well as to meet the legal requirements of state law—we urgently ask parents to:

- (a) immediately report your child's head injury/concussion, even a suspected concussion, to your child's physician AND also the appropriate school nurse, Ms. Liz Campbell (Pre-K to grade 4) or Ms. Karen Lippold (grades 5 to 8);
- (b) inform the school nurse of any concussion(s) your child may have experienced in the past.

If you have questions, comments, or suggestions about anything in this document, please contact

- * Elementary Nurse Ms. Liz Campbell: phone 708-485-3418; email ecampbell@district106.net
- * Middle School Nurse Ms. Karen Lippold: phone 708-485-3432; email klippold@district106.net
- * LaGrange Highlands District 106 Superintendent, Dr. Patricia Viniard (phone 708-246-3085 or email pviniard@district106.net).

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INTRODUCTION

This document represents the LaGrange Highlands District 106 procedures and protocols relative to concussion management in students. The information and documents reflect Illinois state law requirements for schools (i.e., the *Youth Sports Concussion Act*), including information and forms related to *Return to Learn* and *Return to Play* protocols. The steps and procedures outlined here were developed to support students who have sustained a concussion and maximize their full recovery and quality of life (Public Act 0990245).

This document will:

- Define key terms and provide information associated with a concussion and its management, including the general features of effective concussion management;
- Explain the role of the school district's Concussion Oversight Team;
- Describe the procedures for reporting a concussion and the key processes for concussion management, including *Return to Learn* and *Return to Play* protocols;
- Provide information regarding Highlands District 106 staff development and training, as well as its procedures and roles following a report of a student concussion.

UNDERSTANDING CONCUSSIONS

Concussion Overview Information

- A concussion—even a “mild” one—is a brain injury, and all brain injuries are serious.
- The injury may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body which results in force transmitted to the head.
- A concussion, which can range from mild to severe, disrupts typical brain function.
- Even though many concussions are mild, **ANY concussion is potentially serious**. If not recognized and managed appropriately, a concussion may result in complications, including prolonged brain damage and even death.
- In other words, even a “ding” or bump on the head can be serious and must be treated as such.
- You cannot **see** a concussion, and most concussions occur without loss of consciousness!
- Signs and symptoms of a concussion may show up immediately following the injury, or they may take hours or days to fully appear.
- **If your child reports any symptoms of concussion, or if you notice the symptoms or signs of a concussion yourself, seek medical attention immediately and also notify the appropriate LaGrange Highlands 106 school nurse.**
- Following a concussion, there must be an ongoing process of assessing, intervening, and monitoring between school personnel and healthcare providers. Although school adjustments need to be made on a case-by-case basis, the general process of returning to school involves a delicate balance of rest and tolerance of activities.
- It is important to get plenty of sleep and rest while recovering from a concussion. However, it is also important to gradually incorporate daily activities while managing exertion levels. If the symptoms surface, such as a headache or fatigue, the student must limit the current activity. As symptoms decrease, the student can continue to gradually return to school activities, although school accommodations may still be necessary.
- With support from the Concussion Oversight Team, the student—and his/her parent(s)—should learn about monitoring symptoms and working to tolerable limits.
- To access up-to-date concussion information: <http://www.cdc.gov/ConcussionInYouthSports/>

Concussion Signs and Symptoms

Signs and symptoms of a concussion may include one or more of the following:

- Has a headache(s)
- Feels or experiences “pressure in head”
- Has nausea or vomiting
- Has neck pain
- Experiences balance problems or dizziness
- Has blurred, double, or fuzzy vision
- Feels or seems sluggish or slowed down
- Is drowsy
- Has issues with memory or concentration
- Repeats same question/comment
- Is confused or reports confusion
- Has change in sleep patterns
- Experiences amnesia (loss of memory)
- Makes statements such as “I don’t feel right”
- Is sad
- Feels nervousness or anxiety
- Is irritable
- Has increased emotionality



In addition to the signs and symptoms listed above, additional symptoms and warning signs of a concussion, which coaches, teammates, and parents may observe, include:

- Appears dazed
- Has vacant facial expression
- Is confused about athletic play or assignment (e.g., position)
- Forgets the athletic play
- Is unsure of game, score, opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Shows behavior or personality changes
- Cannot recall events prior to and/or after hit or blow
- Has seizure(s) or convulsion(s)
- Shows any change in typical behavior or personality
- Loses consciousness, even if briefly



If a Student Continues to Work and/or Play With a Concussion (or Returns to Activity Too Soon), POTENTIAL CONSEQUENCES include:

- Continuing to be mentally and physically active while showing signs and symptoms of a concussion leaves a student especially vulnerable to greater injury and a longer recuperation period.
- There is an increased risk of significant damage from a concussion for a period of time after a concussion occurs, particularly if the student 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 or injuries, including concussions. As a result, the education of parents, teachers, administrators, coaches, and students is the key to ensuring student safety.

If You Think Your Child Has, OR MAY HAVE, Suffered a Concussion

- Any student who is even **suspected** of suffering a concussion should be seen by a medical professional immediately.
- In addition, the appropriate Highlands School Nurse, Ms. Liz Campbell or Ms. Karen Lippold, should be notified immediately.
- If the student participates in activities outside of school (e.g., sports, gymnastics, music lessons), the student should not participate in these activities until a diagnosis or determination has been made.

CONCUSSION PREVENTION

Recommendations for being proactive and working to prevent or minimize the risk of head injury include:

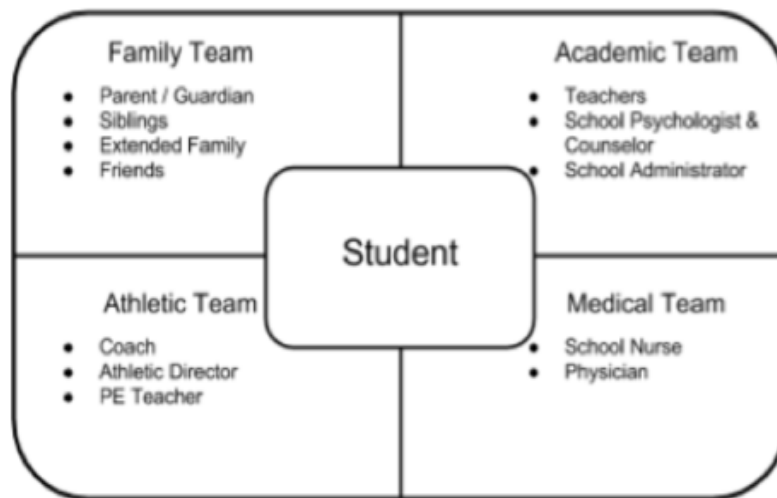
- **Wear protective gear during sports and other recreational activities.** Always use the appropriate protective gear for any sport you or your child undertakes. Make sure the equipment fits properly, is well maintained, and is worn correctly. When bicycling, skiing/snowboarding, skateboarding, or engaging in any activity that may result in head injury, wear protective headgear (e.g., helmet).
- **Ensure car safety.** Wearing a seat belt may prevent serious injury, including an injury to your head, during a traffic accident. Use car seats/booster seats properly and as required by law.
- **Make your home safe.** Keep your home well lit and your floors free of anything that might cause you to trip and fall. Falls around the home are a leading cause of head injury.
- **Protect your children.** To help lessen the risk of head injuries to your children, block off stairways and install window guards.
- **Evaluate safety at sporting events and venues.** Examine the playing field for uneven areas or holes. Make sure end posts are padded sufficiently.
- **Learn and use proper technique for your sport.** Some sports organizations have taken additional action to minimize the risk of concussion by limiting the number of contact practices allowed during the season.
- **Educate others about concussions.** Educating coaches, athletes, parents and others about the features of a concussion, how to evaluate a concussion, and how to determine when it's appropriate to return to play or school can help spread awareness and knowledge about concussions. Coaches and parents must also encourage good sportsmanship and safe playing.

ROLE OF THE DISTRICT'S "CONCUSSION OVERSIGHT TEAM"

As required by law, the LaGrange Highlands District 106 Board of Education approved the member's of the Concussion Oversight Team, which is an administrative committee. In accordance with Illinois state law, the District has designated the persons responsible for implementing and complying with the *Return to Play* and *Return to Learn* protocols established by the Team. These two individuals are Highlands Elementary Nurse, Ms. Liz Campbell and Middle School Nurse, Ms. Karen Lippold. The nurses' supervisor is the Director of Student Services, Mrs. Amy Laskowski.

The district's Concussion Oversight Team (COT) is comprised of four mini-teams (see diagram below) that will surround the student who has sustained a concussion. These teams interact and work together so the student can be one of the approximate 80% of children/adolescents who obtain a complete recovery in the 1-4 weeks post injury. Successful recovery from a concussion requires the student to be surrounded by family and professionals who communicate frequently, are knowledgeable about what to do in the early days, are calm and supportive, and assist the student in managing exertion and rest balance.

When a concussion first occurs, the medical team will work closely with the family team to ensure (a) the student is medically stable and (b) the family knows what to do at home to start the recovery process. The next step involves the family and medical team informing the school's nurse (who will notify the academic team and athletic team) of diagnosis, symptoms, and expected length of absence. With this knowledge—coupled with day-to-day monitoring and observation—will allow the *Return to Learn* and *Return to Play* protocols to be developed, implemented, and monitored.



2018-2019 LaGrange Highlands District 106 Concussion Oversight Team: Mr. Ken Bray (ES Physical Education Teacher), Ms. Liz Campbell (ES School Nurse); Mr. Mike Duback (Director of Operations), Mrs. Beth Eskra (MS Physical Education Teacher), Dr. Ngozi Ezike (Parent and Medical Physician), Mr. Brian Graber (ES Principal), a Amy Laskowski (Director of Student Services), Mrs. Melissa Luetkehans (MS Social Worker and Coach), Ms. Karen Lippold (MS School Nurse), Mr. Phillip O'Reilly (ES Social Worker), Mr. Mike Papierski (MS Principal), Dr. Patricia Viniard (Superintendent)

KEY CONCEPTS AND TERMS ASSOCIATED WITH CONCUSSION MANAGEMENT IN SCHOOLS

Key Concepts	
Return to School	A general concept that means that the student is <i>free from all symptoms</i> during academic and sports activities and normal routines are established.
Return to Learn	Goal of <i>full academic activities</i> with no symptoms
Return to Play	Goal of <i>full academic and physical/sports activities</i> with no symptoms
Cognitive Activity	An activity that involves <i>mental stimulation</i> ; includes academic activities, social interactions, technology interactions, reading, writing, and music
Cognitive Rest	Limiting <i>cognitive</i> activities to prevent symptoms from surfacing
Tolerance of Activities	Tolerating certain activities post concussion means participating without <i>exacerbating</i> symptoms.

Return to School

“Return to School” is a concept that goes beyond the student simply attending, being present at, school. In terms of the Concussion Safety Act, an official “Return to School” means the student has not experienced for at least 24 hours any concussion symptom during academic, cognitive, emotional, or physical activity. “Return to School” is comprised of two main components: *Return to Learn* and *Return to Play*.

Return to Learn

Return to Learn involves the gradual process of recovery and reentry into ACADEMIC, COGNITIVE, and MENTAL activities following a concussion. The school staff member serving as the Concussion Management Leader is the school nurse—Ms. Liz Campbell or Ms. Karen Lippold.

Return to Play

After the student has completed the *Return to Learn* protocols, the *Return to Play* protocols are implemented next. *Return to Play* involves the process of return to PHYSICAL AND/OR ATHLETIC activities following a concussion. Again, the school staff member serving as the Concussion Management Leader is the appropriate school nurse, Ms. Liz Campbell or Ms. Karen Lippold.

Return to Learn and *Return to Play* protocols are designed to protect students and have been proven to be successful in both preventing further injury and limiting the time in which students are out of school and away from cognitive and physical activity. *Return to Learn* and *Return to Play* protocols provide a safe and systematic way for a student to return to regular, pre-injury activities as quickly as possible.

To summarize:

First, successful completion of “Return to Learn” (MENTAL activity) +
Next, successful completion of “Return to Play” (PHYSICAL activity) =
Full “Return to School”

**STATE LAW REQUIREMENTS REGARDING CONCUSSION AWARENESS
AND POST-CONCUSSION MANAGEMENT IN SCHOOLS**

1. Concussion Information Receipt Form for Athletes

When Required: A student plans to participate in an athletic activity offered at Highlands

A school district which offers interscholastic athletic activities under the direction of a coach (volunteer or school employee) or athletic director must implement a ***Concussion Information Receipt Form for Athletes***. The requirements of this regulation apply to any interscholastic athletic activity, including practice and competition, sponsored or sanctioned by a school, the Illinois Elementary School Association, or the Illinois High School Association (IHSA).

The activities at Highlands for which a parent MUST give written consent prior to a student participating in—or even trying out for—include:

- Baseball
- Basketball
- Boot Camp
- Bowling
- Cheerleading
- Cross Country
- Intramural Sports
- Softball
- Soccer
- Volleyball

The district's "***Concussion Information Receipt Form***," a two-page document, appears on the following two pages, pages 9 and 10 (and also in Appendix A on pages 17-18)



LaGrange Highlands District 106
Concussion Information Receipt Form for Athletes

Page 1 of 2

PARENT: Keep page 1 and return page 2, signed, to your child's coach.

Part I: Concussion Overview and Awareness for Parents and Students

- A concussion is a brain injury and all brain injuries are serious. It may be 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.
- A concussion can range from mild to severe, and it disrupts the way the brain normally works.
- Any concussion—even a “mild” one—is potentially serious and, if not recognized and treated properly, may result in complications including prolonged brain damage and death. In other words, even a “ding” or a bump on the head can be serious.
- You cannot see a concussion, and most concussions occur without loss of consciousness.
- The signs and symptoms of concussion may show up at the time of the injury, immediately following the injury, or may take hours or days to fully appear.
- There are serious risks and considerations when a student sustains a second (or additional) concussion.
- Without proper treatment and protocols, the student who has sustained a concussion will be at greater risk for (a) further injury, (b) complications, and/or (c) a longer period of recovery.
- **If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.**

Part II: Signs And Symptoms Of a Concussion

Signs and symptoms of a concussion may include one or more of the following:

- | | |
|---|---|
| - Has a headache(s) | - Feels or experiences “pressure in head” |
| - Has nausea or vomiting | - Has neck pain |
| - Experiences balance problems/dizziness | - Has blurred, double, or fuzzy vision |
| - Feels or seems sluggish or slowed down | - Is drowsy |
| - Has issues with memory or concentration | - Repeats same question/comment |
| - Is confused or reports confusion | - Has change in sleep patterns |
| - Experiences amnesia (loss of memory) | - Makes statements such as “I don’t feel right” |
| - Is sad | - Feels nervousness or anxiety |
| - Is irritable | - Has increased emotionality |

Additional symptoms and warning signs of a concussion, which coaches, teammates, and parents may observe:

- | | |
|---|---|
| - Appears dazed | - Is confused about athletic play, position, etc. |
| - Has vacant facial expression | - Forgets the athletic play |
| - Is unsure of game, score, opponent | - Has seizure(s) or convulsion(s) |
| - Moves clumsily/displays less coordination | - Answers questions slowly |
| - Shows behavior or personality changes | - Cannot recall events prior to and/or after injury |
| - Shows any change in behavior/personality | - Loses consciousness, even if briefly |

✓ By law a student must be removed from an athletic practice or competition immediately if any of the following individuals believes that the student sustained a concussion during practice and/or competition: coach, physician, game official, athletic trainer, student’s parent/guardian, student him/herself, or any other person deemed appropriate (e.g., Concussion Committee member). In this event, the coach must notify the student’s parent and the appropriate school nurse (see front cover of this document for contact info).

✓ If a parent suspects his/her child may have sustained a concussion (whether in the athletic activity or in another way or activity), the parent shall notify the student’s coach and the appropriate school nurse (contact front cover of this document for contact info).

✓ Close observation of the athlete should continue for several hours following a fall, hit, or blow to the head.

✓ By law, a student removed from athletic practice/competition shall be allowed to return **ONLY** after **ALL** statutory prerequisites are completed including, without limitation, *Return to Learn* and *Return to Play* protocols developed by the Concussion Oversight Team. A coach or assistant coach may not unilaterally authorize a student’s *Return to Learn* or *Return to Play*.

✓ Caution must be the rule. It is better to miss one game than miss the whole season or experience worsened negative effects. When in doubt, the athlete sits out.

LaGrange Highlands District 106
Concussion Information Receipt Form for Athletes

Page 2 of 2

Part III: Parent Confirmation of Receipt of Concussion Information for Athletes

Notes:

1. Highlands **must** have this form, signed by the parent and the student, **prior** to the student trying out for, or beginning practice for, the sport.
2. Submit this page, signed, to Coach, but keep page 1 for your reference.

✓ **I have read and retained page 1 of this agreement which provides (a) concussion overview and awareness, (b) the signs and symptoms of concussion, and (c) the steps the coach and parent will take if my child should sustain a concussion or other head injury.**

✓ **I understand the importance of promptly notifying the coach and school nurse if my child sustains a concussion, even a seemingly mild one.**

✓ **I understand if my child exhibits signs, symptoms, or behaviors consistent with a concussion, he/she will be removed from the practice or game immediately.**

✓ **I understand a student athlete who has been removed from practice or competition due to a possible concussion may, by state law, return to practice, competition, physical education, and/or recess ONLY AFTER (a) the student successfully completes the school district's *Return to Learn* protocols; (b) the student successfully completes the school district's *Return to Play* protocols; and (c) the school receives written clearance by a treating physician licensed to practice medicine in all its branches in Illinois.**

✓ **I understand if I have questions or need additional information about anything in this form, I should contact the school nurse.**

Student Name (Printed) _____

Student Signature _____

Parent Name (Printed) _____

Parent Signature _____

Date _____

Note to Coaches: Collect and keep this page.

2. Post-Concussion Notification of Protocols Form

When Required: A student has sustained a concussion (even a mild one)

When a child sustains a concussion, even a mild one, the school **MUST** by State law implement the procedures in its Concussion Safety Act plan. The first step, required by law, involves the parent(s) signing a **Post-Concussion Notification of Protocols Form**. The LaGrange Highlands District 106 **Post-Concussion Notification of Protocols Form** can be found below (and in Appendix B on page 19).

LaGrange Highlands District 106 Post-Concussion Notification of Protocols Form

Student's Name: _____

Date: _____

By signing below, I acknowledge the following:

1. I will provide the school with the physician's documentation of a concussion diagnosis.
2. I have been informed regarding the purpose of *Return to Learn* and *Return to Play* protocols and understand these protocols are required by Illinois' Youth Sports Concussion Safety Act.
3. I understand my child will participate in *Return to Learn* and *Return to Play* protocols, which will be developed and discussed with me and which are based on guidelines and recommendations from peer-reviewed scientific evidence.
4. I understand the risks associated with my child returning to learn and returning to play, and I will comply with the requirements in the *Return to Learn* and *Return to Play* protocols.
5. 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 (a) the treating physician's or athletic trainer's written statement and (b) if any, the *Return to Learn* and *Return to Play* recommendations of the treating physician.
6. I will provide the district with a physician's written clearance to resume physical education, recess, and similar physical activities. **I understand the school may not, by law, allow my child to return to these activities without written clearance from a physician.**

NOTE: In the event a parent/guardian does not sign this form, does not agree the student needs to participate in *Return to Learn* and/or *Return to Play* protocols, and/or or does not participate in the discussion and development of the protocols, **the district will, following state law, develop and implement *Return to Learn* and *Return to Play* protocols.** In addition, parent/guardian will be provided information about concussions and the potential dangers of returning to activity too soon following a concussion/head injury.

Student Signature: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Signature: _____

Date: _____

3. *Return to Learn* Protocols

When Required: A student has sustained a concussion (even a mild one)

The district—in consultation with the student, parent/guardian, and information provided by student’s medical professional—will establish the appropriate *Return to Learn* protocol for the student who has sustained a concussion. The stages of recovery (see table below) will inform the process.

- *No two students are alike, no two concussions are alike, and no two recoveries are alike.* Therefore, the protocol developed will be tailored to the individual student.
- The *Return to Learn* plan will be led and communicated by the appropriate school nurse.
- The appropriate nurse will stay in close contact with the student throughout the *Return to Learn* process and will monitor him/her 1-3 times per day.
- Based on the student’s and/or parent’s reporting of symptoms, the appropriate nurse will provide written recommendations and updates to the student’s teachers, administrator(s), and parent(s) regarding the status of the protocol. These updates will include the accommodations and/or protocols to be maintained, added, eliminated, or adjusted.
- If a question or concern arises, the school nurse will consult with the student’s parent(s), members of the Concussion Oversight Team, and/or the student’s physician.
- A menu of recommended accommodations and supports to be included in the *Return to Learn* protocol appears on the next page (8).

Guidelines to Inform <i>Return to Learn</i>		
STAGE	ACTIVITY	NEXT STEP(S)
1. No school; very limited cognitive activity	Cognitive (brain) rest and adequate sleep	Able to tolerate activities without experiencing symptoms for 12-24 hours? Yes: Continue to Stage 2 No: Continue rest and monitoring
2. Gradual reintroduction of daily activities (“not too much, not too little”)	Slowly lift previous restrictions and add them back for short periods of time (5-15 minutes at a time)	Able to tolerate activities without experiencing symptoms for 12-24 hours? Yes: Continue to Stage 3 No: Return to Stage 1
3. Cognitive tasks at home	Increase time with assignments, reading, screen time, and devices, building to longer increments of 20-30 minutes at home	Able to tolerate activities without experiencing symptoms for 12-24 hours? Yes: Continue to Stage 4 No: Return to Stage 2
4. (If applicable) Modified school return	Develop flexible school schedule with accommodations after tolerating 12 cumulative hours (20-30 minute increments) of homework at home	Able to tolerate activities without experiencing symptoms for 12-24 hours? Yes: Continue to Stage 5 No: Return to Stage 3
5. Full reintegration into school	Increase to a full day of school, <u>excluding</u> physical education, and stipulate accommodations	Able to tolerate activities without experiencing symptoms for 12-24 hours? Yes: Continue to Stage 6 No: Return to Stage 4
6. Resume pre-injury schedule and activities	Resume full academic and cognitive workload without adjustments (i.e., typical pre-injury schedule)	Able to tolerate activities without experiencing symptoms for 12-24 hours? Yes: Begin Return to Play with <u>physician’s written clearance</u> No: Return to Stage 5

Return to Learn Evidence-Based Accommodations and Recommendations

NOTE: *The specific accommodations selected, and the duration of each, will be aligned to and adjusted in response to the signs and symptoms of the individual student.*

Attendance

- ☐ Refrain from attending school
- ☐ Allow partial-day school attendance
- ☐ Allow late start or early dismissal
- ☐ Allow full-day attendance, as tolerated

Breaks

- ☐ Allow student quiet place to rest, as needed
- ☐ Allow student to go to nurse's office if a symptom increases or a new symptom appears
- ☐ Allow student to go home if symptom(s) persist

Visual Stimulus

- ☐ Allow student to wear sunglasses to block glare and reduce light exposure
- ☐ Provide pre-printed notes, or a note taker, for class materials
- ☐ Eliminate exposure to smart boards, projectors, computers, TV screens, or other bright screens
- ☐ Enlarge font for printed materials
- ☐ Provide a partner to read materials or provide information in audio format
- ☐ Provide assignments verbally; allow oral answers

Audible Stimulus

- ☐ Allow student to leave class 5 minutes early to avoid noisy and/or crowded hallway
- ☐ Provide a quiet lunch area
- ☐ Provide audible learning (e.g., discussions, Read To, text-to-speech programs)
- ☐ Allow student to skip activities (e.g., assemblies, band/choir, music, parties, performances)
- ☐ Give student preferential seating to minimize distractions

Workload

- ☐ Reduce overall amount of make-up work, class work, and homework
- ☐ Eliminate or reduce homework
- ☐ Limit homework to _____ minutes a night
- ☐ Prorate workload when possible
- ☐ Allow extra time to complete tasks

Testing

- ☐ Postpone or eliminate testing
- ☐ Allow extra time to complete assessments
- ☐ Limit the number and length of assessments administered per day
- ☐ Allow oral testing
- ☐ Allow open book testing

Physical Exertion

- ☐ No physical exertion, athletics, gym, or recess
- ☐ Initiate "Return to Play" protocol prior to returning to PE athletic, recess, or other physical activities

Additional Recommendations

- ☐ other: _____
- _____
- _____

4. *Return to Play* Protocols

When Required: A student who has completed *Return to Learn* protocols

- After a student who has sustained a concussion successfully completes *Return to Learn* protocols, the next step involves implementing *Return to Play* protocols. The *Return to Play* protocols allow the student to gradually and safely re-engage in physical activities, such as Physical Education, sports, recess, and other physical activities.
- The Concussion Manager, the appropriate school nurse, will facilitate and monitor the *Return to Play* protocols.
- The Physical Education teacher will communicate the student's progress to the nurse. In addition, the school nurse will monitor the student daily; it is recommended the student report to the nurse prior to the end of the P.E. class. Information from student, P.E. teacher, and nurse will inform the progression timeline.
- Based on student's, teachers', and/or parent's reporting of symptoms, the school nurse will provide written recommendations and updates to the student's teachers, administrator(s) supervisors, and parent(s) regarding the status of this protocol. These updates will include the accommodations and/or steps to be maintained, added, eliminated, or adjusted for the student.
- The student/athlete will only progress to the next level of exertion if he/she is symptom free. If symptom(s) return at any step, the student must (a) rest until he/she is symptom free for at least 24 hours and then (b) he/she will return to the previous step and proceed with caution and monitoring.
- The *Return to Play* steps listed below will be followed sequentially.
- The student's activity level must align across activities and venues. In other words, his/her safe activity level in P.E. must align with his/her activity level in sports/athletic activities and recess.
- If a question or concern arises, the school nurse will consult with the student's parents, members of the Concussion Oversight Team, and/or the student's physician.

Baseline: As the baseline step of the *Return to Play* progression, the student needs to have (a) completed physical and cognitive/brain rest and (b) not be experiencing concussion symptoms for a minimum of twenty-four (24) hours.

Recommendation: The younger the athlete, the more conservative the treatment.

Step 1: Light Aerobic Activity

Activities at this stage include: Light use of stationary bike; Walking; Light jogging. Absolutely NO weight lifting, jumping, strenuous activity, or hard running.

Step 2: Moderate Activity

Activities at this step include: Moderate jogging; Brief running; Moderate-intensity stationary bike; Moderate-intensity weight lifting.

Step 3: Heavy, Non-Contact Activity

Activities at this step include: Running; High-intensity stationary bike; Student's regular weight-lifting routine; Other non-contact movements, activities, and drills. This stage may add some cognitive component to the physical activity in addition to the aerobic and movement components introduced in Steps 1 and 2.

Step 4: Full physical athletic and physical activity (per student's past routine).

Step 5: If applicable, competition and/or participation in athletic events.

5. Concussion Training

When Required: An individual who serve on Concussion Oversight Team, is a coach, or assistant coach (see sports and activities on page 8)

Each member of the district's Concussion Oversight Team, as well as any coach or assistant coach for the activities listed on page 8 of this document, must complete concussion awareness training. In addition to this training, the Concussion Oversight Team will provide to staff members and parents information and resources regarding concussion awareness and effective concussion management.

6. Emergency Action Plans

When Required: Must be posted in each area in which athletic activities occur

In accordance with state law, the Highlands Board of Education reviewed and adopted an Emergency Action Plan for the three sites in which athletic activities occur at Highlands—the Middle School Gym, the Elementary School Gym, and the Elementary School Multi-Purpose Room. The plans—which will be reviewed annually and updated, as needed—provide the information needed should a serious injury or acute medical condition arise. These plans, which are posted in each of the three areas listed, can be found in Appendix C, pages 20-22.

REFERENCES

Ann & Robert H. Lurie Children's Hospital of Chicago, Institute for Sports Medicine (2011). **Return to learn after a concussion: A guide for teachers and school professionals.** Retrieved from http://www.iesa.org/documents/general/IESA-Lurie_RTL_Guide.pdf

Centers for Disease Control and Prevention. **Heads up to schools: Know your concussion ABC's.** Retrieved from <http://cdc.gov/headsup/schools> Youth Concussion Safety Act, 105 ILCS 5/22-80. 099-0245. (2015).

Illinois Association of School Board Association (2017). **Checklist for Youth Sports Concussion Safety Act.**

Illinois Elementary School Association (n.d.) **Elementary School Concussion Protocol**

APPENDICES

APPENDIX A

LaGrange Highlands District 106 Concussion Information Receipt Form for Athletes

Page 1 of 2

Do not run this form front-to-back, as Parent keeps Page 1 and signs/returns Page 2.

Part I: Concussion Overview and Awareness for Parents and Students

- A concussion is a brain injury and all brain injuries are serious. It may be 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.
- A concussion can range from mild to severe, and it disrupts the way the brain normally works.
- Any concussion—even a “mild” one—is potentially serious and, if not recognized and treated properly, may result in complications including prolonged brain damage and death. In other words, even a “ding” or a bump on the head can be serious.
- You cannot see a concussion, and most concussions occur without loss of consciousness.
- The signs and symptoms of concussion may show up at the time of the injury, immediately following the injury, or may take hours or days to fully appear.
- There are serious risks and considerations when a student sustains a second (or additional) concussion.
- Without proper treatment and protocols, the student who has sustained a concussion will be at greater risk for (a) further injury, (b) complications, and/or (c) a longer period of recovery.
- **If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.**

Part II: Signs And Symptoms Of a Concussion

Signs and symptoms of a concussion may include one or more of the following:

- | | |
|---|---|
| - Has a headache(s) | - Feels or experiences “pressure in head” |
| - Has nausea or vomiting | - Has neck pain |
| - Experiences balance problems/dizziness | - Has blurred, double, or fuzzy vision |
| - Feels or seems sluggish or slowed down | - Is drowsy |
| - Has issues with memory or concentration | - Repeats same question/comment |
| - Is confused or reports confusion | - Has change in sleep patterns |
| - Experiences amnesia (loss of memory) | - Makes statements such as “I don’t feel right” |
| - Is sad | - Feels nervousness or anxiety |
| - Is irritable | - Has increased emotionality |

Additional symptoms and warning signs of a concussion, which coaches, teammates, and parents may observe:

- | | |
|---|---|
| - Appears dazed | - Is confused about athletic play, position, etc. |
| - Has vacant facial expression | - Forgets the athletic play |
| - Is unsure of game, score, opponent | - Has seizure(s) or convulsion(s) |
| - Moves clumsily/displays less coordination | - Answers questions slowly |
| - Shows behavior or personality changes | - Cannot recall events prior to and/or after injury |
| - Shows any change in behavior/personality | - Loses consciousness, even if briefly |

✓ By law a student must be removed from an athletic practice or competition immediately if any of the following individuals believes that the student sustained a concussion during practice and/or competition: coach, physician, game official, athletic trainer, student’s parent/guardian, student him/herself, or any other person deemed appropriate (e.g., Concussion Committee member). In this event, the coach must notify the student’s parent and the appropriate school nurse.

✓ If a parent suspects his/her child may have sustained a concussion (whether in the athletic activity or in another way or activity), the parent shall notify the student’s coach and the district’s Concussion Manager, the appropriate school nurse.

✓ Close observation of the athlete should continue for several hours following a fall, hit, or blow to the head.

✓ By law, a student removed from athletic practice/competition shall be allowed to return **ONLY** after **ALL** statutory prerequisites are completed including, without limitation, *Return to Learn* and *Return to Play* protocols developed by the Concussion Oversight Team. A coach or assistant coach may not unilaterally authorize a student’s *Return to Learn* or *Return to Play*.

✓ Caution must be the rule. It is better to miss one game than miss the whole season or experience worsened negative effects. When in doubt, the athlete sits out.

**LaGrange Highlands District 106
Concussion Information Receipt Form for Athletes**

Page 2 of 2

Part III: Parent Confirmation of Receipt of Concussion Information for Athletes

Notes:

3. Highlands **must** have this form, signed by the parent and the student, **prior** to the student trying out for, or beginning practice for, the sport.
4. Submit this page, signed, to Coach, but keep page 1 for your reference.

✓ **I have read and retained page 1 of this agreement which provides (a) concussion overview and awareness, (b) the signs and symptoms of concussion, and (c) the steps the coach and parent will take if my child should sustain a concussion or other head injury.**

✓ **I understand the importance of promptly notifying the coach and the appropriate school nurse if my child sustains a head injury, even a seemingly mild one.**

✓ **I understand if my child exhibits signs, symptoms, or behaviors consistent with a concussion, he/she will be removed from the practice or game immediately.**

✓ **I understand a student athlete who has been removed from practice or competition due to a possible concussion may, by state law, return to practice, competition, physical education, and/or recess ONLY AFTER (a) the student successfully completes the school district's *Return to Learn* protocols; (b) the student successfully completes the school district's *Return to Play* protocols; and (c) the school receives written clearance by a treating physician licensed to practice medicine in all its branches in Illinois.**

✓ **I understand if I have questions or need additional information about anything in this form, I should contact the school nurse.**

Student Name (Printed) _____

Student Signature _____

Parent Name (Printed) _____

Parent Signature _____

Date _____

Note to Coaches: Collect and keep this page.

APPENDIX B

LaGrange Highlands District 106 Post-Concussion Notification of Protocols Form

Student's Name: _____

Date: _____

By signing below, I acknowledge the following:

1. I will provide the school with the physician's documentation of a concussion diagnosis.
2. I have been informed regarding the purpose of *Return to Learn* and *Return to Play* protocols and understand these protocols are required by Illinois' Youth Sports Concussion Safety Act.
3. I understand my child will participate in *Return to Learn* and *Return to Play* protocols, which will be developed and discussed with me and which are based on guidelines and recommendations from peer-reviewed scientific evidence.
4. I understand the risks associated with my child returning to learn and returning to play, and I will comply with the requirements in the *Return to Learn* and *Return to Play* protocols.
5. 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 (a) the treating physician's or athletic trainer's written statement and (b) if any, the *Return to Learn* and *Return to Play* recommendations of the treating physician.
6. I will provide the district with a physician's written clearance to resume physical education, recess, and similar physical activities. **I understand the school may not, by law, allow my child to return to these activities without written clearance from a physician.**

Note: In the event a parent/guardian does not sign this form, does not agree the student needs to participate in *Return to Learn* and/or *Return to Play* protocols, and/or or does not participate in the discussion and development of the protocols, **the district will, following state law, develop and implement *Return to Learn* and *Return to Play* protocols.** In addition, parent/guardian will be provided information about concussions and the potential dangers of returning to activity too soon following a concussion/head injury

Student Signature: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Signature: _____

Date: _____

APPENDIX C

EMERGENCY ACTION PLAN (EAP) FOR HIGHLANDS ELEMENTARY SCHOOL GYMNASIUM

SPORTS PLAYED IN THIS VENUE

Volleyball, Basketball, Physical Education, and other miscellaneous activities

EMERGENCY PERSONNEL

Present: Mon-Fri., 7:30 am-4:00 pm = Office Personnel, Ph: 708-579-6886 or 708-246-3085
Mon-Fri., 4:00 pm-11:00 pm = Steve Frankum Phone 708-218- 5408
or Justin Swanson 708-224-9322

On-Call: Mon-Fri., 8:00 am-3:30 pm = School Nurses
Elementary School: Liz Campbell – Phone 708-485-3418
Middle School: Karen Lippold –Phone 708-485-3432

EMERGENCY EQUIPMENT LOCATION ON-SITE

Nearest AED: Elementary School Main Foyer

First Aid Kit: Coaches possess and Physical Education Teachers have a kit in PE offices

Nearest location of items for proper care of blood-borne pathogens:
Clean-up kits in Physical Education offices and Elementary School Main Office.

Ice or chemical ice packs, water, and towels:
Elementary School gym office and Elementary Main Office's Conference Room

Player medical information: Administration and school nurse have access to info in PowerSchool.

COMMUNICATION

Access to 911: Offices and classrooms have phones; Staff members have cell phones

ROLE OF FIRST ON THE SCENE:

1. Control scene (e.g., gain access to the athlete)
2. Conduct initial assessment (e.g., if student is injured, determine breathing, consciousness, pulse status)
3. Conduct detailed assessment (e.g., if student is injured, seek to determine extent of injury/illness)
4. Designate a person to summon help, if needed:
(a) EMS: Phone 911 (b) Alert school staff present (see list above)

EMS (EMERGENCY MEDICAL SERVICES) ACCESS

If EMS is called:

1. Provide the following directions/access to this venue:
"The Highlands Elementary School gym is located at 5850 Laurel Avenue, LaGrange, IL. It is located off Plainfield Road (about ¼ mile west of Willow Springs Road) at Laurel Avenue."
2. Designate an individual to watch at front Elementary School entrance doors for the EMS arrival. This person will let EMS in, if doors are locked, and lead EMS to the injured or ill individual.

For questions, comments, or additional information regarding this Emergency Action Plan, please contact the School Superintendent, Dr. Patricia Viniard, at 708-246-3085.

EMERGENCY ACTION PLAN (EAP) FOR HIGHLANDS ELEMENTARY MULTI-PURPOSE ROOM (MPR)

SPORTS PLAYED IN THIS VENUE

Volleyball, Basketball, Physical Education, and other miscellaneous activities

EMERGENCY PERSONNEL

Present: Mon-Fri., 7:30 am-4:00 pm = Office Personnel, Ph: 708-579-6886 or 708-246-3085
Mon-Fri., 4:00 pm-11:00 pm = Steve Frankum/Night Custodial Supervisor, Ph: 708-218-5408 or Justin Swanson 708-224-9322

On-Call: Mon-Fri., 8:00 a.m. - 3:30 p.m. = School Nurses
Elementary School: Liz Campbell – Phone 708-579-6886
Middle School: Karen Lippold –Phone 708-485-3432

EMERGENCY EQUIPMENT LOCATION ON-SITE

Nearest AED: Elementary School Main Foyer

First Aid Kit: Coaches possess and Physical Education Teachers have a kit in PE offices

Nearest location of items for proper care of blood-borne pathogens:
Clean-up kits in Physical Education offices and Elementary School Main Office.

Ice or chemical ice packs, water, and towels:
Elementary School gym office and Elementary Main Office's Conference Room

Player medical information: Administration and school nurse have access to info in PowerSchool.

COMMUNICATION

Access to 911: Offices and classrooms have phones; Staff members have cell phones

ROLE OF FIRST ON THE SCENE:

- (b) Control scene (e.g., gain access to the athlete)
- (c) Conduct initial assessment (e.g., if student is injured, determine breathing, consciousness, pulse status)
- (d) Conduct detailed assessment (e.g., if student is injured, seek to determine extent of injury/illness)
- (e) Designate a person to summon help, if needed:
 - a. EMS: Phone 911
 - b. Alert school staff present (see list above)
- (f) Initiate immediate care to the sick or injured individual.

EMS (EMERGENCY MEDICAL SERVICES) ACCESS

If EMS is called:

3. Provide the following directions/access to this venue:
“The Highlands Elementary School gym is located at 5850 Laurel Avenue, LaGrange, IL. It is located off Plainfield Road (about ¼ mile west of Willow Springs Road) at Laurel Avenue.”
4. Designate an individual to watch at front Elementary School entrance doors for the EMS arrival.
This person will let EMS in, if doors are locked, and lead EMS to the injured or ill individual.

*For questions, comments, or additional information regarding this Emergency Action Plan,
please contact the School Superintendent, Dr. Patricia Viniard, at 708-246-3085.*

EMERGENCY ACTION PLAN (EAP) FOR HIGHLANDS MIDDLE SCHOOL GYMNASIUM

SPORTS PLAYED IN THIS VENUE

Volleyball, Basketball, Physical Education, and other miscellaneous activities

EMERGENCY PERSONNEL

Present: Mon-Fri., 7:30 am-4:00 pm = Office Personnel, Ph: 708-579-6890 or 708-246-3085
Mon-Fri., 4:00 pm-11:00 pm = Steve Frankum/Night Custodial Supervisor, Ph: 708-218-5408
or Justin Swanson 708-224-9322

On-Call: Mon-Fri., 8:00 am-3:30 pm = School Nurses
Middle School: Karen Lippold –Phone 708-485-3432
Elementary School: Liz Campbell – Phone 708-485-3418

EMERGENCY EQUIPMENT LOCATION ON-SITE

Nearest AED: Middle School Main Foyer

First Aid Kit: Coaches possess and Physical Education Teachers have a kit in PE offices

Nearest location of items for proper care of blood-borne pathogens:
Clean-up kits in Physical Education offices and Middle School Main Office.

Ice or chemical ice packs, water, and towels: Middle School gym kitchen

Player medical information: Administration and school nurse have access to info in PowerSchool.

COMMUNICATION

Access to 911: Offices and classrooms have phones; Staff members have cell phones

ROLE OF FIRST ON THE SCENE:

- (g) Control scene (e.g., gain access to the athlete)
- (h) Conduct initial assessment (e.g., if student is injured, determine breathing, consciousness, pulse status)
- (i) Conduct detailed assessment (e.g., if student is injured, seek to determine extent of injury/illness)
- (j) Designate a person to summon help, if needed:
 - a. EMS: Phone 911
 - b. Alert school staff present (see list above)
- (k) Initiate immediate care to the sick or injured individual.

EMS (EMERGENCY MEDICAL SERVICES) ACCESS

If EMS is called:

5. Provide the following directions/access to this venue:
“The Highlands Middle School gym is located at 1850 Plainfield Road, LaGrange, IL. It is located ¼ mile west of Willow Springs Road
6. Designate an individual to watch at front Middle School entrance doors for the EMS arrival. This person will let them in, if doors are locked, and lead EMS to the injured or ill individual.

*For questions, comments, or additional information regarding this Emergency Action Plan,
please contact the School Superintendent, Dr. Patricia Viniard, at 708-246-3085*