

Concussion Return to Learn and Return to Play Protocols and Procedures

Newark Community High School D18

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Staff Directions if a student experiences a head injury during a school related event

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

- Student should be evaluated by the Building RN immediately.
- If the student is asymptomatic or the only symptom is redness and pain directly at the site (not full blown headache), contact the parent and complete the Head Injury Form.
- If the student experiences symptoms that may indicate a concussion, contact the parent to pick up the student. Complete the Head Injury Form.
- If student is unconscious, 911 should be called immediately and Building RN should be immediately informed. Complete the Head Injury Form.
- Any time a Head Injury Form is completed, a copy must be provided to the parents, put into the health file, and entered into power school. Forms can be sent home with the student, provided to the parent/guardian when they arrive to pick up the student, or emailed home if the student leaves in an ambulance. Document that the form was given to parents in power school, under health/office visit every time.
If the school is later informed that the student is diagnosed with a concussion, proceed to Staff Responsibilities in the initiation of the Concussion Protocols.

If a High School athlete experiences a head injury during sports/competition/practice:

- 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 trainer, even if the student appears to be fully recovered.
 - ***Never allow athlete to return to play if not completely symptom free.***
- Student cannot return to activity, game, practice, or competition until the student completes the RTL and RTP protocols and is cleared by a physician.
- Concussion Parent Notification Form for Athletes 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.
 - Give the Building RN the signed bottom portion of the form. It will be placed in the student's health record.
- Student must complete the RTL protocol prior to initiating the RTP Protocol.
- 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 or may provide a physician's letter with guidelines or accommodations.
- Proceed to the directions for Return to Learn.

If a student is diagnosed with a concussion that did not occur during a school related event:

- Inform the Building RN.

- The Building RN Contact Parent and student. Ask for copies of any medical information the parent is willing to share.
- Provide parents with the Concussion Protocol Letter.
- Proceed to the directions for Return to Learn.

If a student experienced a concussion over the summer

Students who experienced a concussion over the summer must be cleared by their physician or we will need to initiate the Return to Learn protocol and Return to Play for athletes.

When the school is notified that a student experienced a concussion over the summer, the Building RN should:

- Send home 3 documents with the parents:
 - Summer Concussion Protocol Information Form
 - Physician Form 1
 - Authorization to Return to Learn/Return to Play
- Inform the parent that we will need to initiate the Return to Learn protocol unless we receive **one** of the following:
 - Written clearance from the physician
 - Physician Form 1
 - Authorization to Return to Learn/Return to Play signed by parent and physician

There are four ways a student can be cleared to return without completing the full RTL and RTP protocols following a concussion over the summer.

	Clearance Options	Which Protocols to Initiate
1	The school received a current sports physical to clear them for participation.	No RTL/RTP
2	The physician sends in a note/letter that clears the student to return with no restrictions.	No RTL/RTP
3	Physician signs the district <u>Authorization to Return to Learn/Return to Play</u> . They will need to check all boxes <u>except</u> that they have reviewed the school RTL/RTP protocols.	No RTL/RTP
4	The physician signs the <u>Physician form 1</u> or provides the school with information indicating that the student can start at a different phase.	Begin the student at the appropriate phase in RTL or RTP

If a student ended the prior school year on RTL/RTP

All students except for athletes in season

RNs will need to send home the Concussion Parent Letter 2 informing parents of the following:

- Non-athletes that did not complete the RTL or RTP protocol during the prior school year will need a note from their physician to return to learn/PE without restrictions.
- If student ended the year on RTL and no note is provided, the student will return to the last step they were on in the spring for RTL.
- If the student was in RTP at the end of the prior year, they can return to all classes without restrictions and Concussion Parent Letter 2 will be sent home to parent/guardian.

Athletes

- Athletes who did not complete the RTL/RTP protocols at the end of the school year must complete both protocols prior to returning to athletics.
- IF they are no longer participating in sports, please refer to the non-athlete directions.

Staff responsibilities in the initiation of the concussion protocols

Building RN

When the school is informed that a student

1. Is diagnosed with a concussion (OR)
2. Suspected of a concussion during athletics

The Building RN must:

- Put the alert in Powerschool.
- Inform attendance secretary, Administration, and Counselor.
- Contact Parent and student. Ask for copies of any medical information the parent is willing to share.
- Provide parents with the Concussion Protocol Letter.
- If there is no recommendation from the physician on where to begin the student on the district protocols, start the student at Phase 1 or 3 on the Return to Learn Protocols. Proceed to Return to Learn instructions for further guidance.
- If the physician recommends that the student can proceed directly to Return to Play, proceed to the Return to Play instructions.

Overview of the RTL and RTP Procedures

Athletic Director - Athletes only	<ul style="list-style-type: none">• Provide concussion education and training for staff, officials, and athletes. Collect and document evidence of training.
Coaches/ AD/ Asst. AD. - Athletes only	<ul style="list-style-type: none">• Collect signed agreement to participate forms from students and parents/guardians.
Building RN/ Athletic Trainers	<ul style="list-style-type: none">• Following a suspected or diagnosed concussion, the school must send home the <u>Concussion Protocol Information Letter</u> and notify the Building RN to initiate the Return to Learn Protocol.
Counselor/ Nurse/ Administration	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Student will complete the RTP protocol with either the PE teacher or Athletic Trainer.
Building RN/ Athletic Trainer	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Provide the physician or parent chosen athletic trainer under supervision of a physician, the Authorization to RTP and RTL form for completion and signature.
Building RN/ Athletic Trainer	<ul style="list-style-type: none">• Collect the <u>Authorization to RTP and RTL without accommodations form</u> from the family or physician.
Building Administration or AD	<ul style="list-style-type: none">• 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) Procedures

Return to Learn (RTL) Procedures

The Building RN, Counselor, and building Administrator will be responsible for the oversight of the return to learn protocol. The Building RN will notify in writing, via email, the student's teachers, physical education teacher and coach and the return to learn will be initiated. 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 5 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. If the student's physician completed Physician's Form 1, refer back to this sheet to see if the student needs to return to the physician prior to moving to the next step in RTL.

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

- RN maintains and oversees completion of Return to Learn Paperwork.
- 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. The district prefers that this form be completed by a physician, however, we will accept a letter from a physician with guidance or accommodations that assist the school with determining which phase to begin at.
- The Building RN will notify in writing, via email, the student's teachers, physical education teacher and coach that the student has a concussion and return to learn will be initiated. Attach the Return to Learn Protocol.

- For High School, work with the Counselor to develop an Accommodations Plan. Discuss recommended accommodations from the physician. Counselor will provide plan to teachers.
- Inform teachers what phase the student will begin, the projected return to school date, and the procedure for communicating student symptoms when the student returns.
- 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 on the Concussion Symptoms Scale. Keep copies of the scale in the student's health file. 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.
- Student should be sent to the Building RN by the teacher at the end of each day. Building RN/student must complete the Concussion Symptoms Scale at the completion of each day.
- The Building RN and Administrator must sign and date the Return to Learn Protocol upon completion of each phase. If signed, student can move to the next phase the following school day.
- Consult with Administration on moving the student to the next Phase in Return to Learn.
- Send home letter for non-athletes upon completion of RTL informing parent/guardian to obtain a release from the physician for the student to return to PE/recess.
- Inform staff when you receive the letter from the physician and the student can return to PE/recess.
- If no release is obtained from the physician, the student will remain on the last RTL step until one is received.
- Work with Counselor regarding the potential need for homebound services.

Counselor High School

- Oversee the Return to Learn Protocol.
- Work with Certified School Nurse/Building RN 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 that the Building RN communicates 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 about 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 a 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 Play (RTP) Procedures

Staff Directions for Return to Play for all High School non-athletes

The Building RN and the Physical Education Teachers will be responsible for the Return to Play for non-athletes and athletes not in season. When the student has completed the RTL protocol or if the student is cleared by his/her physician to proceed straight to RTP, 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. If the student's physician completed Physician's Form 1, refer back to this sheet to see if the student needs to return to the physician prior to moving to the next step. 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.

A student in Driver's Ed during the time of the concussion, must complete the RTP protocol before returning to Behind the Wheel. The building administrator must assign a class period and PE teacher needed to oversee and implement the protocols. This may be during the student's study hall or band course.

Student enrolled in Driver's Ed: Students must complete the RTL protocol before participating in Behind the Wheel.

Fitness Testing: Students who have a concussion and have not completed the RTP cannot participate in fitness testing.

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

For all students except athletes in season

- When the student completes the RTL protocol or is cleared by a physician to proceed straight to Return to Play, the Building RN will notify in writing, via email, the physical education teacher 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, as provided by the PE teacher. 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 three sign completion, student can move to the next step the following school day.
- Upon completion of Phase 4, 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 PE.
- If the physician sends a letter allowing the student to return, but doesn't sign the district form, have the parent and the administrator sign the form. You can staple the physician's order or note to the Authorization form and allow the student to return to play.

For High School Athletes in Season

- When the student completes the RTL protocol or is cleared by a physician to proceed straight to Return to Play, 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.
- Athletes in season do not participate in PE while completing the RTP protocol with the Athletic Trainer.
- Inform 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.
- When notified by the Athletic Trainer that the athlete has completed Phase 5, provide parents/guardians with a copy of the completed Return to Learn and Return to Play protocols (as completed by the Athletic Trainer) and a copy of the Authorization to Return to Play/Learn form.
- Communicate with Administration, teachers, coaches, and athletic trainers when the Authorization to Return to Play/Learn form is signed and received.
- Once the signed form is received, student MAY be able to return to Phase 6 of the RTP protocol for athletes.
- The athletic trainer will inform the Building RN when the student has completed Phase 7 of the RTP protocol for athletes. The Building RN may inform the PE teacher that the student can return to PE.

Administration/High School Counselor (Designated Supervisor)

- Oversee the Return to Play Protocol.
- If a student is not enrolled in a PE course due to a PE exemption or is enrolled in Health/Driver's Ed during the time of the concussion, the administrator must assign a class period and PE teacher needed to oversee and implement the protocols. This may be during the student's study hall.
- 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.

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.
- 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 for High School Athletes in Season.
- 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 of Phase 5.

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.

Paperwork and Power School

How and what to maintain in student records

The RN should maintain the following paperwork in the student's health file:

1. Any diagnosis you receive
2. If applicable, keep the following forms if they were completed for the student:
 - a. Head injury form
 - b. Concussion Notification form
 - c. Physician's form 1
3. RTL completed signed protocol
4. RTP completed signed protocol (if applicable)
5. Signed authorization to RTP
6. Completed symptoms checklists

Athletics should maintain the following paperwork:

Signed Agreement to Participate. Can be maintained in 8 to 18

Counselor or Principal should maintain the following in the student's temporary file:

1. Copy of accommodation plan
2. If applicable, copy of 504 plan

Tracking Concussion RTL/RTP Protocols in Power School

Student placed on RTL/RTP protocols –


Add Concussion medical alert on student under Emergency/Medical then enter “concussion” in Medical Alert Text box, along with date of diagnosis. Also include date beginning RTL.

Emergency/Medical

Medical Alert Box

Submit

Special Medical Considerations	<input type="text"/>
Allergies	<input type="text"/>
Immunizations	Polio MMR DPT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Medical Alert Text	Concussion diagnosed 01/23/2019 RTL began 01/25/2019
Alert Expires (date)	<input type="text" value="0/0/0"/> (0/0/0 to never expire)



Student removed from RTL/RTP protocols –

Remove the medical alert text. Note daily visits to the health office in Power School and note date the student fully completed RTL/RTP protocols.

Health—Office Visits—Add

Visit Details

Visit Type



Contact with Parent

Provider Name

Provider Type

Visit Date *

Visit Time In

Visit Time Out

Visit Reasons

Issue/Visit Reason
512 characters left

Assessment
512 characters left

Outcome & Actions

Visit Outcome

Actions
512 characters left

Concussion Protocol

NCHS 18 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
Phase 1 - Home	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
	Symptom Free? No- Continue Phase 1 <input type="checkbox"/> Yes – Begin Phase 2	Parent Signature: _____ Date Attained: _____
Phase 2 - Home	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
	Symptom Free? No- Continue Phase 2 <input type="checkbox"/> Yes – Begin Phase 3	Parent Signature: _____ Date Attained: _____

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

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

- Each stage is a minimum 24 hour period.
- If the student 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>Phase 1 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>Phase 2 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>Phase 3 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>Phase 4 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>Phase 5 <u>Before Proceeding to Phase 5, obtain signed Physician's Authorization to Return</u> 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>Phase 6 Recommendation for students in extracurricular competitive sport 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

- 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
Phase 1 - No structured physical or cognitive activity 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.
Phase 2 - Light Aerobic Physical Activity 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.
Phase 3 – Moderate aerobic physical activity Student initial: _____ Trainer initial: _____ Date: _____	Aerobic activity at 70-85% estimated maximum heart rate.	Increase heart rate; further assess conditioning and tolerance of activity.
Phase 4 – Non-contact training drills at half speed. 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.
Phase 5 – Light-contact training drills at full speed 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.
Phase 6 - Full contact practice <u>Before Proceeding to Phase 6, obtain signed Physician's Authorization to Return</u>	Following Clearance, Normal Training Activities	Restore confidence, assess functional skills by coaching staff, and ensure tolerance of contact sports.
Phase 7 - Return to Competition	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: _____

Parent and Physician Forms

Forms/Letters and When to Use Them

Form	Who Oversees/ Provides Form	Who Completes/ Receives Form	When to Provide
Student Parent/Guardian Agreement to Participate form	Athletics	Parent/Guardian of all Student Athletes	Prior to initiation of practice for a HS sport.
Head Injury Form	Building RN	Parent/Guardian	When a student injures their head during school, or during competition or practice.
Concussion Notification Form	Athletic Trainer	Parent/Guardian	When a student athlete is injured during school sponsored sports, competition or practice.
Concussion Protocol Information Letter	Building RN	Parent/Guardian	When the school is informed that a student <ol style="list-style-type: none"> 1. Is diagnosed with a concussion (OR) 2. Is suspected of a concussion during school sponsored athletics.
Concussion Parent Letter 2	Building RN	Parent/Guardian	When the student is returning
Physician Form 1 (optional)	Building RN	Parent/Guardian or Physician with consent	When the parent or physician indicates that the student can start at a Phase other than 3, provide the parents with Physician Form 1.
Accommodations Plan	AP or Counselor	Staff	Provide to all staff who work with the student upon initiation of the RTL or RTP protocols.
Concussion Symptoms Scale	Building RN	For internal use by Building RN	Used daily once a student begins the protocols.
RTL Protocol	Building RN	<ol style="list-style-type: none"> a. Parent/Guardian b. School Staff 	<ol style="list-style-type: none"> a. Parents must sign and date Phase 1 and 2. b. Email teachers to inform them that the student has a concussion. Attach the Return to Learn Protocol.
RTP Protocol	Building RN (students not in athletics at school)	PE Teacher	When the student completes the RTL protocol, the Building RN will notify in writing, via email, the physical education teacher that the student can begin the RTP protocol.
Authorization to Return to Play Return to Learn (Only for Athletes)	Building RN	<ol style="list-style-type: none"> a. Parent/Guardian b. Physician c. Building Administration 	Upon completion of Phase 5 in RTP, 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. Form must be signed by : <ol style="list-style-type: none"> a. Parents/Guardian b. Physician c. Building Administration
Summer Concussion Letter	Building RN	Parent/Guardian	When the school is notified that a student sustained a concussion over the summer months.

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 golf soccer softball track volleyball 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

District 18 Policy, 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">• Headaches• "Pressure in head"• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Amnesia• "Don't feel right"• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment
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Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly	<ul style="list-style-type: none">• Slurred speech• Shows behavior or personality changes• Can't recall events prior to hit• Can't recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness
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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 3rd International Conference on Concussion in Sport

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

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 (athletes and band only).

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:** _____

Fax: _____

Physician’s Signature: _____ **Date:** _____

Dear Physician:

_____ may have sustained a concussion and has been referred to you for evaluation. Newark Community High School D18 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,

NCHS 18

Date

Newark Community High School D18 Concussion Management Protocol

1. Any athlete 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 athlete will begin a stepwise Return-to-Learn followed by a graduated Return-to-Play protocol, following the NCHS 18 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. Must receive physician’s clearance to return to PE and recess.

RETURN TO PLAY PROTOCOL FOR ALL STUDENTS EXCLUDING IN-SEASON 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.

Head Injury Form

Date: _____

Dear Parent/Guardian,

Today, your child, _____, experienced a head injury at _____ am/pm during school, practice, competition, or play. The purpose of this letter is to alert you to 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 may require further evaluation and/or treatment from a physician.

Symptoms/Signs observed

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

No symptoms observed	Feeling in a "FOG"	Difficulty concentrating
Headache	Blurred vision	Temporary loss of memory
ringing in the ears	Fatigue	Any abnormal behavior
Nausea and/or vomiting	Spots before eyes	Balance problems/dizziness
Sensitivity to light	Slurred speech	Loss of consciousness
Double vision	Sleepiness and/or grogginess	

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.

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

Head Injury 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 Head Injury form for NCHS D18. I understand that I have been advised to monitor my child for further symptoms and possible evaluation and/or treatment from a physician. My child may be required to begin the Return to Learn and Return to Play Protocols if he/she is diagnosed with a concussion. The school district may initiate the Return to Learn/Return to Play protocols, even if cleared by the physician, if the student is symptomatic.

Student Name Printed

Date of Birth

Grade

Parent or Legal Guardian Name Printed

Parent or Legal Guardian Signature

Date

Further precautions to consider

If you observe symptoms listed above, 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:

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

School staff, coaches, and Registered Nurses cannot make a diagnosis of a concussion. If you choose to seek medical attention and your child is diagnosed with a concussion, please inform the Building Nurse. At that time, the school will be required to implement the District’s Return-to-Learn/Return to Play Protocol. If you have any questions, please contact me.

Sincerely,

_____, Phone Number: _____

For School Use Only:

Staff Name Printed

Staff Signature

Date Received

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 Protocol and if in Band or Athletics, your child must also complete the Return to Play Protocol. 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. Memory difficulties

- | | |
|--|---|
| ▪ <u>Neck pain</u> | ▪ <u>Irregular sleep</u> |
| ▪ <u>Delicate to light or noise</u> | ▪ <u>Slow reactions</u> |
| ▪ <u>Headaches that worsen</u> | ▪ <u>Seizures</u> |
| ▪ <u>Odd behavior</u> | ▪ <u>Irritability</u> |
| ▪ <u>Repeats the same answer or question</u> | ▪ <u>Weakness/numbness in arms/legs</u> |
| ▪ <u>Vomiting</u> | ▪ <u>Slurred speech</u> |
| ▪ <u>Fatigued</u> | ▪ <u>Less responsive than usual</u> |
| ▪ <u>Focus issues</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 NCHS D18. 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 Protocol and, if applicable, the Return to Play Protocol, 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. The school district will initiate the Return to Learn/Return to Play protocols, even if the student is cleared by the physician, if the student is symptomatic or as determined by the district Athletic Trainer.

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:

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

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 Protocol and if an athlete or in band, the Return-to-Play Protocol. 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

Concussion Protocol Information Letter

Dear Parent/Guardian,

_____ may have sustained a concussion or has been diagnosed with a concussion. NCHS D18 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 Newark Concussion Management Protocol.

Newark Community High School District 18 Concussion Management Protocol

- Any student suspected of sustaining a concussion will be immediately removed from participation and referred to a physician.
- Once asymptomatic the student will begin a stepwise Return-to-Learn. Students will then follow a graduated Return-to-Play protocol, following the NCHS D18 Progression. The student must be cleared by a physician for return to full PE 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. **Must receive physician's clearance to return to PE (for students not in athletics).**

RETURN TO PLAY PROTOCOL FOR ALL STUDENTS EXCLUDING IN-SEASON 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.

Accommodations Plan

Student Name: _____

Date of Birth: _____

Initiation Date for Accommodations: _____

The student above has been diagnosed with a concussion or is suspected of experiencing a concussion. Below is a list of potential accommodations that the student 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. All teachers should implement, at minimum, the accommodations checked below. Accommodations should only be reduced at the recommendation of the RN, Administration/Counselor, or Physician.

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.

Concussion Symptom Scale

Student Name:	None	Mild	Moderate	Severe	
Headache	0	1 2	3 4	5 6	
Pressure in head How do you feel? "You s symptoms, based on ho	0	1 2 ore yours	3 4 owing	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	
Thinking	Feeling slowed down	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
	Difficulty concentrating	0	1 2	3 4	5 6
	Difficulty remembering	0	1 2	3 4	5 6
	Confusion	0	1 2	3 4	5 6
Alertness /Sleep	Fatigue or low energy	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
	Sleeping more than usual	0	1 2	3 4	5 6
Emotional	More emotional	0	1 2	3 4	5 6
	Irritability	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

None	Mild	Moderate	Severe		
Headache	0	1 2	3 4	5 6	
Pressure in head How do you feel? "You s symptoms, based on ho	0	1 2 ore yours	3 4 owing	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	
Thinking	Feeling slowed down	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
	Difficulty concentrating	0	1 2	3 4	5 6
	Difficulty remembering	0	1 2	3 4	5 6
	Confusion	0	1 2	3 4	5 6
Alertness /Sleep	Fatigue or low energy	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
	Sleeping more than usual	0	1 2	3 4	5 6
Emotional	More emotional	0	1 2	3 4	5 6
	Irritability	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

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 (/23) _____

Total number (/23) _____

Severity score (/138) _____

Severity score (/138) _____

Notes:

Notes:

Building RN Signature:

Building RN Signature:

Date:

Date:

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 Building RN. 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-NCHS-18 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: _____

Summer Concussion Protocol Information Letter

Dear Parent/Guardian,

The school was informed that your child, _____ may have sustained a concussion over the summer months. NCHS D18 manages concussion injuries using a stepwise return to learn and return to play. Below is a description of the Newark Concussion Management Protocol.

NCHS 18 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.

Since your child may have sustained a concussion over the summer months, the school district needs to know where your child is in the recovery process. Your child will be required to start at Phase 1 of the Return to Learn Protocol unless your physician completes Physician Form 1 OR Authorization to Return to Play, Return to Learn, and Return to Physical Education Activity. Your physician must complete EITHER Physician Form 1, if your child will need to complete the protocols or the Authorization to Return, if your child has completed the recovery process and is authorized to return to activities. We have included copies of both forms for your physician to review.

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 HIGH SCHOOL NON-ATHLETES OR ATHLETES NOT IN SEASON

- 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.

Concussion Parent Letter 2

Dear Parent/Guardian,

Your child, _____ ended the prior school year on either a Return to Learn or a Return to Play protocol following his/her diagnosis of a concussion. Since two and half months have passed since the end of the school year and your child is not a currently a Newark School District athlete, your child may be eligible to return to school without restriction and without completing the protocol. See information below for the next steps.

Student Name: _____ Current Grade: _____

Current School: _____

Date Return to Learn Protocol was initiated: _____

Your child did not complete the Return to Learn protocol during the prior school year and will need a note from their physician to return to learn/PE without restrictions. If no note is provided, your child will return to the last step they were on for Return to Learn until the school receives a note from their physician.

Your child completed the Return to Learn protocol and was on the Return to Play protocol at the end of the prior year. The school will return your child to all classes without restrictions unless you send in information that indicates otherwise.

If at any time you observe any concerns with your child that you believe may be related to his/her prior concussion, inform your child's physician and the school nurse.

If the school observes your child demonstrating any symptoms consistent with his/her prior concussion, the school nurse will contact you.

Building RN Signature: _____

Date: _____

Frequently Asked Questions

1. Who maintains a copy of the training certificates for coaches, RNs, and Athletic Trainers?

The High School Athletic Director should monitor the IHSA website to ensure all required staff completed the training. The Nursing Coordinator will maintain the copy of the training certificates for the concussion oversight team.

2. What if the student, non-athlete or athlete not in season, comes to school with a letter from their physician that the student experienced a concussion over the weekend and can return with no restrictions or minimal accommodations?

Since the student is diagnosed with a concussion, the school should implement the RTL protocol. The Building RN should review the physician's letter with a building administrator. If the letter provides some guidance indicating the student will need accommodations, start the student on the RTL protocol. If the letter indicates no accommodations and the student is cleared to return to PE, the student can return to PE and recess. Staff should monitor student symptoms.

3. If the school is informed that the student experienced a concussion and the student has been absent from school or out of school due to a weekend or holiday break, can we count these days as completion of phase 1 and 2 on the RTL protocol?

Yes, if the parent signs off on the RTL protocol phases 1 and 2.

4. Can we accept a verbal confirmation from parents that the student completed phases 1 and 2?

Yes, if the Building RN documents the date/time/person spoke with on the form.

5. Can we require a student to stay home from school for Phase 1 and 2 of RTL?

If the student was diagnosed with a concussion or if the student athlete was injured during school sponsored sports, competition, or practice and has not been absent from school or out of school due to a weekend or holiday break, the school can require the student to stay home for Phases 1 and 2. This is a requirement of the district protocols that are recommended practice by the CDC.

6. What if a student experiences a head injury during the school day, not during sports or competition, and the family doesn't provide any information from the physician. Can we initiate the RTL protocols?

It depends. RTL protocols can be initiated for student athletes in season without a physician's note. If a student experiences a head injury during the day and is not exhibiting symptoms, the RTL protocol should not be initiated. If a building RN has questions about whether the RTL protocols should be initiated based on student symptoms, please contact the CSN.

7. When does the 24 hour period start for RTL?

The day following the injury is considered day one for Phase 1.

8. Do we require a physician's note or diagnosis of a concussion if a student athlete is suspected of a concussion that occurred during school sponsored sports, competition, or practice?

No. If the student athlete was injured during school sponsored sports, competition, or practice the RTL protocols must be initiated, regardless medical diagnosis of a concussion or absence of physicians' note.

9. After we provide the parent with the Concussion Protocol Information Letter, are we required to initiate RTL?

RTL should only be required to be initiated if (a) a student athlete sustained a head injury during school sponsored sports, competition, or practice or (b) the school receives physician's documentation that a student is diagnosed with a concussion.

10. Do we always have to start with RTL?

If the student has been diagnosed with a concussion or is an athlete suspected of a concussion, the student must start at RTL. RTL can only be skipped if the student has been cleared by the physician to proceed directly to RTP and the student is symptom free.

11. Do student's need to return to the physician or have a form signed prior to beginning Return to Play?

Students can proceed directly to RTP once they have met the requirements of RTL. A physician's note is not needed unless the school has documentation that the student must return to the physician before starting RTP.

12. Please confirm how many times a student needs to see the RN during the day. Do they need to see the RN twice a day and non-athletes before and after gym in RTP?

RTL: Before school and after school. As needed throughout the day if the student is experiencing symptoms.

RTP (Middle School athletes or students in band): Student should come to RN to get protocol at the start of PE since it is maintained in the RN office. After PE to review the symptoms checklist that was completed with the PE teacher. As needed throughout the day if the student is experiencing symptoms.

13. Can we require a student to go through the RTL and RTP protocols if a student, non-athlete, experiences a head injury during the school day and is symptomatic?

We recommend that you contact the parents and provide them with information about concussion awareness. This can be found on the Heads Up Website or in the Concussion Protocol Information Letter. Inform the parent that you are recommending that the student go through the Concussion protocols, regardless of the lack of diagnosis, because the student is symptomatic.

14. If a MD note is received that a student may begin RTP, but the student has symptoms reported on the concussion symptoms scale. Do they start the RTP or wait until they are symptom free?

The student must be symptom free to start RTP.

15. When are we required to have clearance from a physician?

This will depend on the student. For all students, we are required to have physician's clearance prior to returning to PE or recess or prior to starting Phase 6 for athletes.

Other students may have a note from their physician or Physician Form 1 indicating that they have to return to the doctor's office prior to starting a specific phase in the protocol. In those cases, follow the recommendation of the physician.

16. What if the student completes the protocols and does not provide the Authorization to RTL/RTP signed by the physician?

The law requires clearance from a physician to allow the student to return to PE and sports following a concussion. Without a physician's clearance, the student would remain at Phase 5 in RTP and continue to receive the recommended accommodations.

If the physician writes a note clearing the student to return, the RN can staple this note to the district form, have the parent and administrator sign, and write in the physician section to see attached note with physician name and date.

17. What do we do at the end of the year with the student still on the protocol? Do we need proof of clearance from their doctor for the beginning of the next school year?

Non-athlete or athletes not in season: a Letter from the physician that the student is cleared to return to PE/recess is fine. It can be stapled to form.

For an athlete: the student will need to be cleared by a physician to return to sports.

18. If a doctor sends a note stating the student is cleared to return to PE, do we still need to have the RTL/RTP filled out?

If a student (non-athlete in season) doesn't have a diagnosis of a concussion and this is confirmed by the physician, they do not have to complete the RTL/RTP protocols.

If diagnosed with a concussion, students can bypass the RTL protocol with a note from the physician, however, depending on the student's symptoms, the school can determine that the student should start at a phase in RTL first.

If a student athlete is injured during sports and the trainer determines that the student has sustained a head injury, the student athlete will have to complete the RTP protocol, at minimum, even if cleared by a physician.

19. Scenario: A student completed the RTL/RTP protocols, and the physician doesn't sign the Authorization to Return to Play, but the parent provides a note or order from the physician stating that the student is cleared to return. Can we accept the letter from the physician or do we require the district Authorization to Return form to be signed?

The Authorization form must be signed by the parent and the administrator. You can staple the physician's order or note to the Authorization form and allow the student to return to play.

District Concussion Oversight Team Members:

Superintendent

Principal

Athletic Director

Team Physician

Building RN

Athletic Trainer

School Social Worker

School Guidance Counselor

PE Teacher

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)