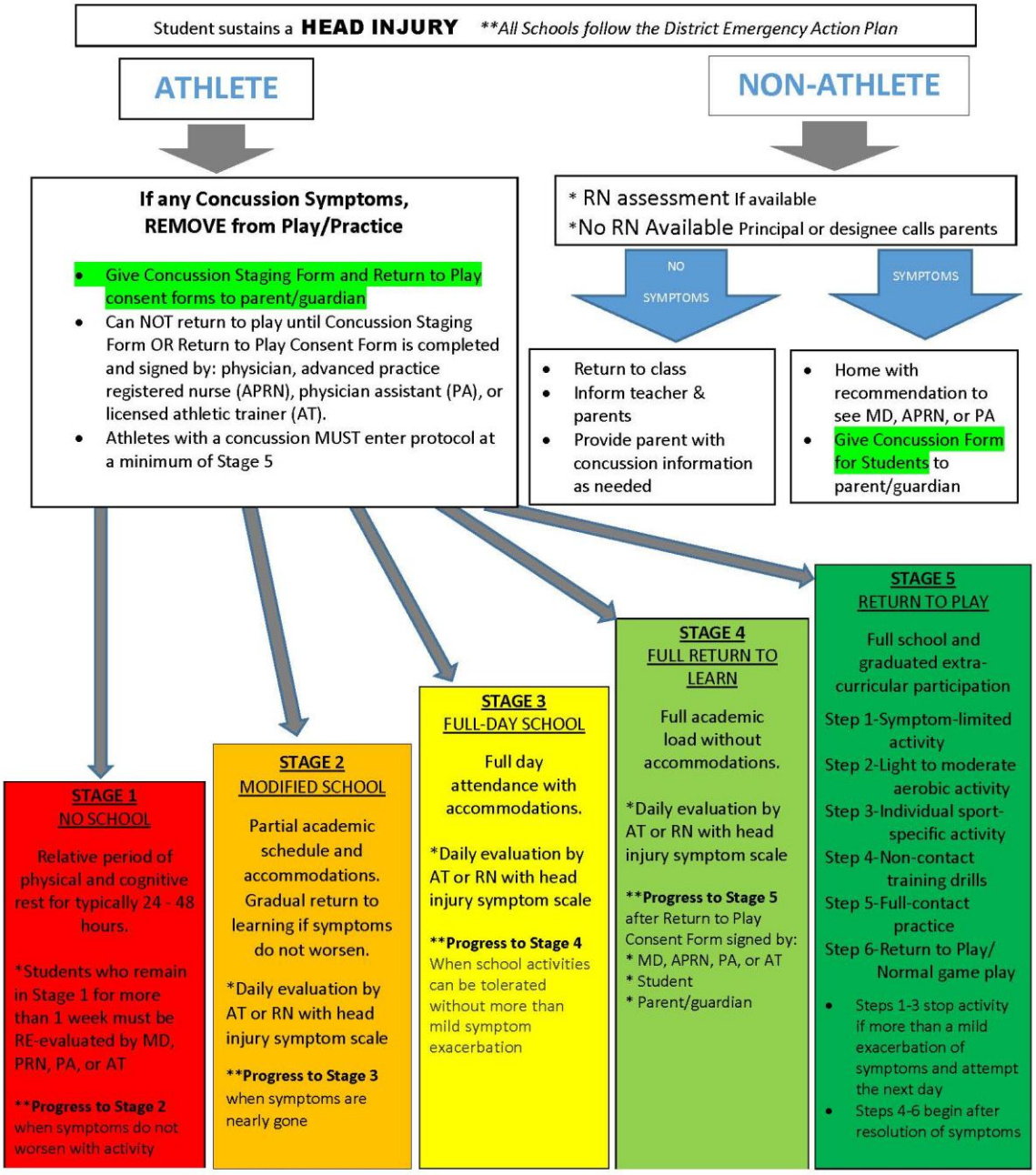
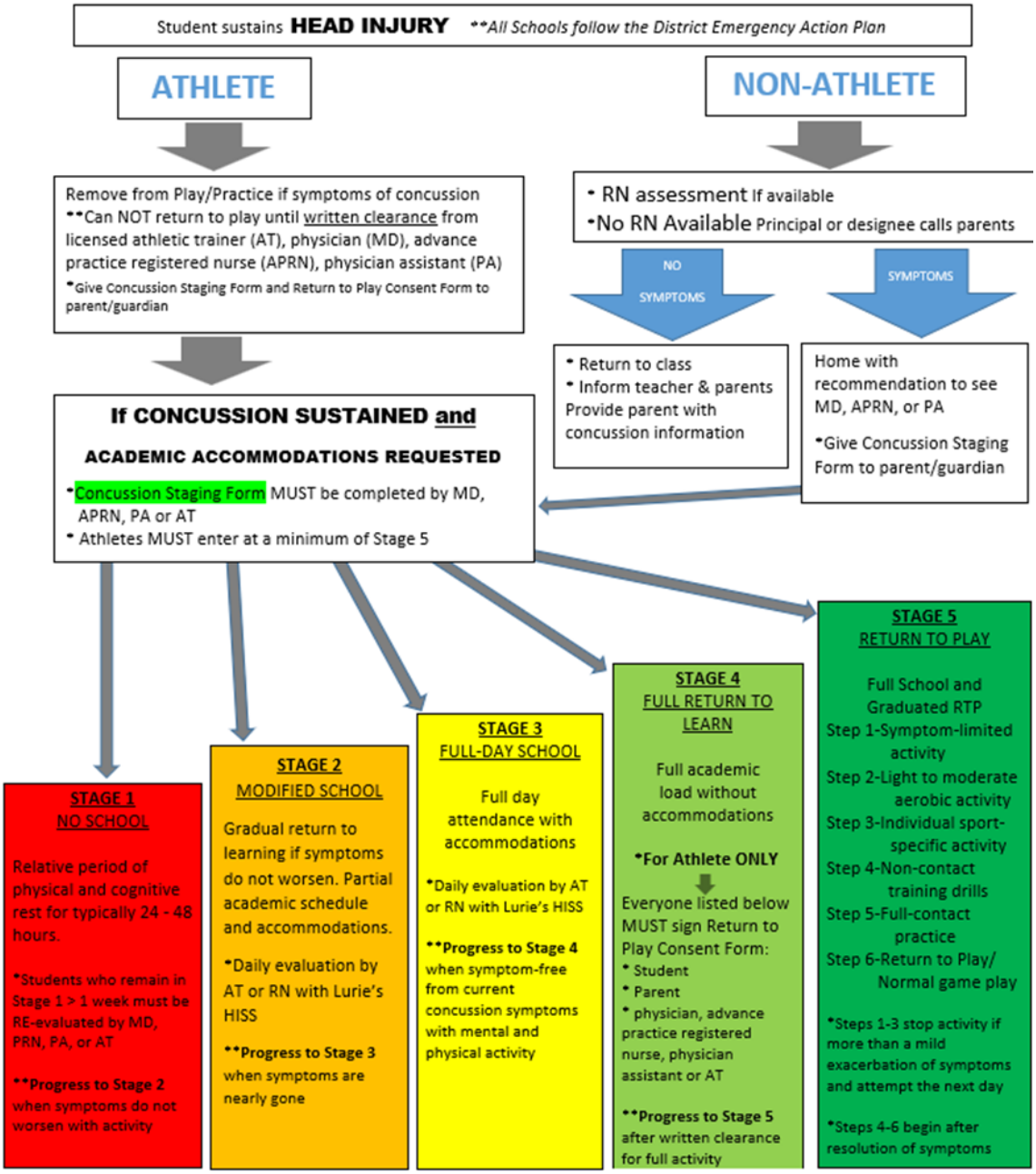
Exhibit – Concussion Care Protocol Graphic - Return-to-Learn and Return-to-Play




Student sustains HEAD INJURY **All Schools follow the District Emergency Action Plan
ATHLETE
NON-ATHLETE
Remove from Play/Practice if symptoms of concussion
**Can NOT return to play until written clearance from licensed athletic trainer (AT), physician (MD), advance practice registered nurse (APRN), physician assistant (PA)
*Give Concussion Staging Form and Return to Play Consent Form to parent/guardian
* RN assessment If available
*No RN Available Principal or designee calls parents
NO SYMPTOMS
SYMPTOMS
* Return to class
* Inform teacher & parents
Provide parent with concussion information
Home with recommendation to see MD, APRN, or PA
*Give Concussion Staging Form to parent/guardian
If CONCUSSION SUSTAINED and
ACADEMIC ACCOMMODATIONS REQUESTED
*Concussion Staging Form MUST be completed by MD, APRN, PA or AT
* Athletes MUST enter at a minimum of Stage 5
STAGE 1
NO SCHOOL
Relative period of physical and cognitive rest for typically 24 - 48 hours.
*Students who remain in Stage 1 > 1 week must be RE-evaluated by MD, PRN, PA, or AT
**Progress to Stage 2 when symptoms do not worsen with activity
STAGE 2
MODIFIED SCHOOL
Gradual return to learning if symptoms do not worsen. Partial academic schedule and accommodations.
*Daily evaluation by AT or RN with Lurie's HISS
**Progress to Stage 3 when symptoms are nearly gone
STAGE 3
FULL-DAY SCHOOL
Full day attendance with accommodations
*Daily evaluation by AT or RN with Lurie's HISS
**Progress to Stage 4 when symptom-free from current concussion symptoms with mental and physical activity
STAGE 4
FULL RETURN TO LEARN
Full academic load without accommodations
*For Athlete ONLY
Everyone listed below MUST sign Return to Play Consent Form:
* Student
* Parent
* physician, advance practice registered nurse, physician assistant or AT
**Progress to Stage 5 after written clearance for full activity
STAGE 5
RETURN TO PLAY
Full School and Graduated RTP
Step 1-Symptom-limited activity
Step 2-Light to moderate aerobic activity
Step 3-Individual sport-specific activity
Step 4-Non-contact training drills
Step 5-Full-contact practice
Step 6-Return to Play/ Normal game play
*Steps 1-3 stop activity if more than a mild exacerbation of symptoms and attempt the next day
*Steps 4-6 begin after resolution of symptoms