

## **Concussion Management Policy for Rossville-Alvin School District**

The following concussion management policy shall be followed for all students in the Rossville-Alvin School District that display signs and symptoms of a concussion. This includes interscholastic athletes as well as students in physical education classes. This policy is based on the SB 07 that will go into effect for the 2016 school year for all public schools and charter schools. The items listed below are required for school districts to be in compliance with the law. Some of the items are specifically spelled out in the law and others have been recommended by the State Education Department and the Department of Health and approved by the State Education Department

### **Parent and Student Awareness of Concussion Management**

The Rossville-Alvin School District will provide Concussion Management and Awareness information to parents and students. Information will be made available in written documents and sign off on the RA CUSD#7 Permission to Participate Form. Concussion management and awareness information, the school district concussion policy will be made available at the beginning of each sport season, as well as in the office.

### **Concussion Training**

Each school coach will have to complete an approved course on concussion management on a biennial basis. School coaches and physical education teachers must complete the IESA course on concussions. At the completion of the course, participants will receive a certificate to verify that they have completed the course.

### **In Game Evaluations**

During the event that an athlete falls or hits their head during the game, there are three possible steps resulting in the fall.

1. Athletes that fall/hit their head during the game, without a game stoppage or delay, the athlete may continue to play. However, the athlete will be monitored and could be pulled from the game if concussion signs are witnessed, then must be seen by a physician.

2. Athletes that fall/hit their head during a game that result in a game stoppage will be pulled from the game immediately and need to be seen by a physician.
3. Athletes that fall/hit their head and black out will be required to leave the game, and go to the ER immediately following the incident. Athletes will travel by ambulance to the ER, unless parents refuse. Parents then need to tell at least two school employees they are taking their student with them to the ER.

## **Practice Evaluations**

During practices, athletes demonstrating signs and symptoms of a concussion should be evaluated by the coach and then if determined to have a possible concussion athlete should not be permitted to continue any activity at which the athlete must follow all protocols and procedures as outlined in this policy. If there are signs or symptoms of a possible concussion the athlete must get a doctor's note to come back to practice.

## **Definition of Concussion**

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

## **Concussion Management**

A player should never return to play while symptomatic. When an athlete shows ANY symptoms or signs of a concussion:

1. The player will not be allowed to return to play in the current game or practice
2. The player will be medically evaluated by a practicing physician.

If diagnosed with a concussion the student will go into the Return to Play Procedure.

## Return to Play Procedure

Return to play after a concussion should follow a six-step procedure.

Stage	Activity	Objective	Time
1. No Activity	Symptom limited physical and cognitive (e.g. mental) rest	Recovery	7-10 Days
2. Light aerobic exercise	Walking, swimming or stationary bicycle keeping intensity less than 70% of maximum predicted heart rate; no resistance training	Increase heart Rate	At Least 3 Days
3. Sport specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement	At Least 3 Days
4. Non-contact training drills	Progression to more complex training drills, e.g. passing drills in basketball; may start progressive resistance training.	Exercise, coordination and use of brain	At Least 2 Days
5. Full contact practice	<b>Following Medical Clearance</b> , participant in normal training activities	Restore confidence and allow coaching staff to assess functional skills	
6. Return to play	Normal game play		

A form of this same type will be filled out by school officials.

With this progression the athlete should continue to the next level if asymptomatic at the current level. If any post-concussion symptoms occur, the athlete should drop back to the previous asymptomatic level and try to progress again after 24 hours. Athlete should be symptom free without the use of any medication to mask the pain.

## Return to Learn Procedure

Stage	Accommodations	Time
1. Complete Physical and Cognitive Rest until Medical Clearance	<ul style="list-style-type: none"><li>-No School Attendance</li><li>-Strict Limits on Technology Usage</li><li>-REST</li></ul>	Until Note from Physician is received by the school, that the student is released to the school.
2. Return to School with Academic Accommodations	<ul style="list-style-type: none"><li>-Continue Limits on Technology Usage</li><li>- Avoid Heavy Backpacks</li><li>-No Tests, PE, Band, or Chorus</li><li>- Monitor Symptoms</li><li>-REST at home</li></ul>	At least 24 hours
3. Continue Academic Accommodations	<ul style="list-style-type: none"><li>-Attend School Full Time if Possible</li><li>-Increase Work Load Gradually (testing, homework, etc)</li><li>-Monitor Symptoms</li><li>-Incorporate Light aerobic Activity</li><li>-REST at home</li></ul>	At Least 24 Hours
4. Full Recovery to Academics	<ul style="list-style-type: none"><li>-Attend School Full Time</li><li>-Self-Advocate at School (meet due dates, etc)</li><li>-Resume Normal Activities</li><li>-Resume Sports following Graduate Return to Play</li></ul>	At Least 24 Hours

With this progression the athlete should continue to the next level if asymptomatic at the current level. If any post-concussion symptoms occur, the athlete should drop back to the previous asymptomatic level and try to progress again after 24 hours.



## Appendix A

### Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul>
Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays in coordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>	

## Concussion Information Sheet

### 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 activity 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. The Return-to-Play Policy of the IESA and IHSA 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 schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

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

### **Student/Parent Consent and Acknowledgements**

By signing this form, we acknowledge we have been provided information regarding concussions.

#### **Student**

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Parent or Legal Guardian**

Name (Print): \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport  
Document created 7/1/2011, Reviewed 4/24/2013, Reviewed 7/16/2015

## Appendix B

Return to play after concussion should follow a six-step process:

Stage	Activity	Objective
<b>1. No activity</b>	Symptom limited physical and cognitive (e.g. mental) rest (see above)	Recovery
<b>2. Light aerobic exercise</b>	Walking, swimming or stationary bicycle keeping intensity less than 70% of maximum predicted heart rate; no resistance training	Increase heart rate
<b>3. Sport-specific exercise</b>	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
<b>4. Non-contact training drills</b>	Progression to more complex training drills, e.g. passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and use of brain
<b>5. Full contact practice</b>	<b>Following medical clearance</b> , participate in normal training activities	Restore confidence and allow coaching staff to assess functional skills
<b>6. Return to play</b>	Normal game play	

Stage 1 will be 7-10 days                      dates: \_\_\_\_\_

Stage 2 will be at least 3 days                dates: \_\_\_\_\_

Stage 3 will be at least 3 days                dates: \_\_\_\_\_

Stage 4 will be at least 2 days                dates: \_\_\_\_\_

Stage 5 begins                                    date: \_\_\_\_\_

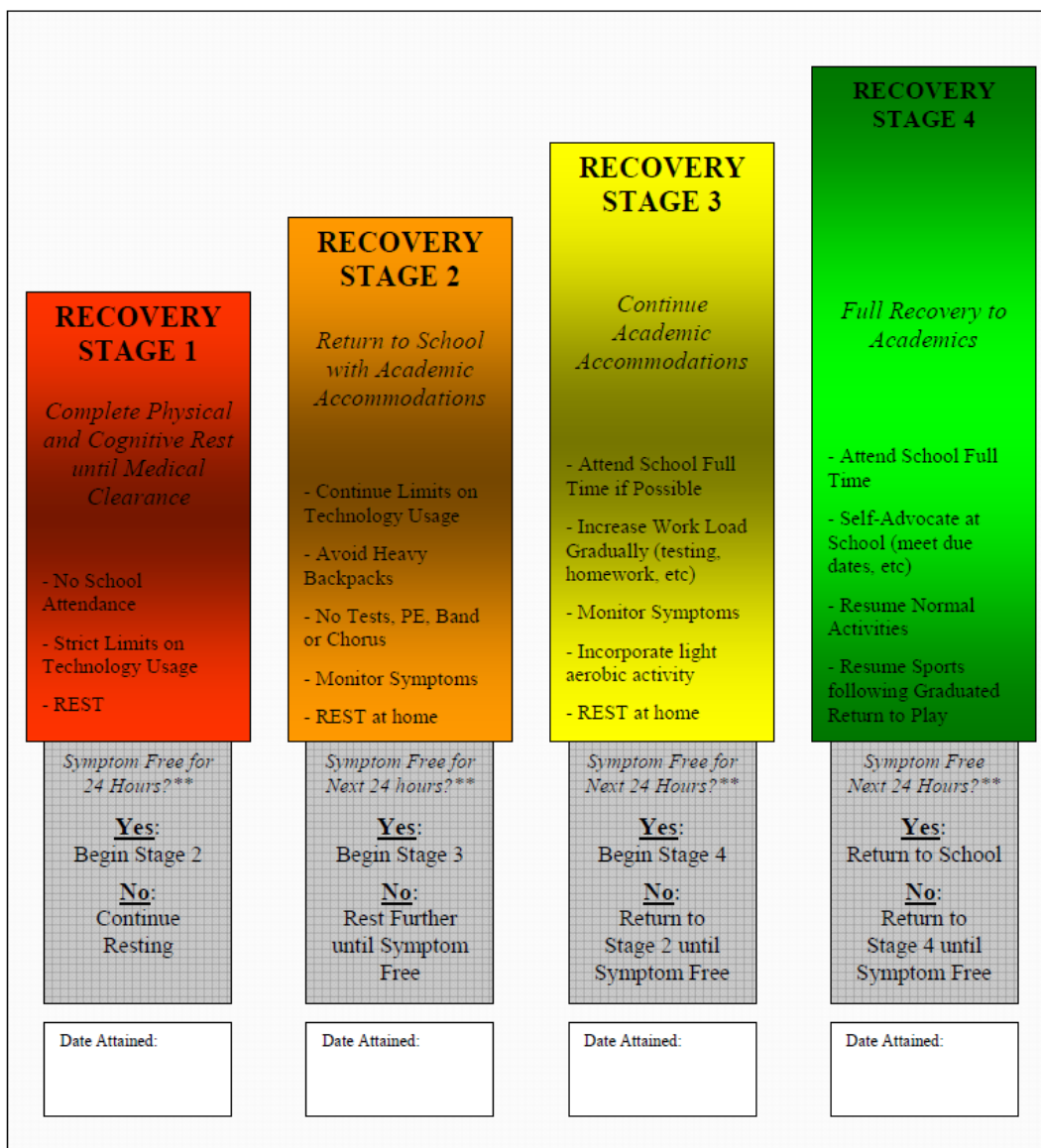
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## Appendix C



### Graduated Return to School Protocol



\*\*\* Symptom-Free means NO lingering Headaches, Sensitivity to Light/Noise, Fogginess, Drowsiness, etc

Reference: HeadSmart Handbook: A Healthy Transition After Concussion (2010). [www.southshorehospital.org](http://www.southshorehospital.org)