

Midwest Central CUSD #191

Concussion Management





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Concussion Background

The Center for Disease Control (CDC) describes a concussion as a type of traumatic brain injury. This type of injury can be caused by a sudden movement of the head and brain. The rapid movement of the head can cause the brain to bounce or twist. This movement damages the brain cells and creates chemical changes in the brain. The CDC also reports that nearly 1.6 million to 3.8 million concussions occur each year. Nearly 47% of all athletes who have suffered a concussive blow to the head report no symptoms of a concussion. With the adoption of the Illinois High School Association (IHSA) and the Illinois Elementary School Association (IESA) concussion mandates, Midwest Central CUSD #191 has adopted a comprehensive concussion management plan.

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 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:

- 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
- 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:

- 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
- 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

Concussion Oversight Team

Midwest Central CUSD #191 Concussion Oversight Team was created on September 1, 2016. Each year it is updated to reflect any member changes. The 2024-2025 team consists of the following members:

Rodney L. Norris – Assistant Principal / Athletic Director Midwest Central High School

Nick Gerndt – HS Head Boys Basketball Coach

Rhonda Fisher – MS Head Girls Basketball Coach

Candis Clark – Primary School Nurse Midwest Central

Niki Monroe - Middle School Nurse Midwest Central

Denise Richardson – High School Nurse Midwest Central

Brad Welch – Midwest Central High School Principal

Connie Matthews - Midwest Central Middle School Principal

Sally Timm - Midwest Central Primary School Principal

Katie Gavin – Athletic Trainer Midwest Orthopedic

Dr. Brad Roberts – Physician Midwest Orthopedic

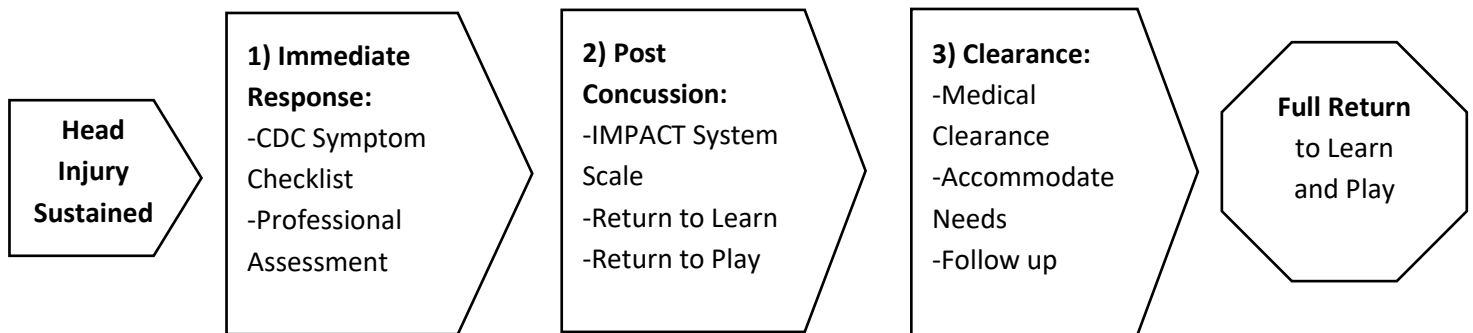


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CONCUSSION PROTOCOLS

The primary purpose of concussion management at Midwest Central Schools is to outline the protocols for students who have sustained a head injury. These protocols are based on peer-reviewed scientific evidence consistent with guidelines from the Center for Disease Control and Prevention. Midwest Central CUSD #191 will execute the following protocol for the management of suspected and confirmed concussions:



- 1) **Immediate Response Protocol.** Using the *CDC Concussion Symptom Checklist* (APPENDIX A) the coach, sponsor, teacher or administrator will monitor a student who has sustained a head injury. Such a student will be monitored for the first 30 minutes and evidence of injury will be annotated on the checklist.
 - a. Students experiencing/exhibiting one or more signs will be referred to a health care professional with experience in evaluating for concussion.
- 2) **Post-Concussion Protocol.** If a student exhibits any of the symptoms of concussion, they will enter into the Return to Learn followed by the Return to Play protocols.
 - a. Entering the Return to Learn Protocol (R2L)(APPENDIX C). Students experiencing/exhibiting symptoms as indicated on the CDC Symptom Checklist will enter the Return to Learn Protocol. In this protocol, students will progress through phases towards full daily participation. The rate at which they move through the protocol depends on the severity of symptoms as reported by the daily case manager using the *Impact System Scale* (APPENDIX B).
 - b. Entering the Return to Play Protocol (R2P) (APPENDIX D). Students who have completed the R2L protocol continue to the Return to Play Protocol. The R2P protocol begins on the same day the R2L protocol has concluded and continues until all phases are complete. The progression of the R2P protocol requires 4 days of phased physical exertion leading to full participation in physical activity and any extracurricular athletics. The level of R2P depends on professional the medical assessment and severity of the concussion.
- 3) **Clearance Protocol.** After obtaining medical clearance (APPENDIX E) and completing the R2L and R2P protocols, a student may return to full participation in all activities and academics. Students with lingering cognitive or physical



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symptoms may be assessed for the implementation of a 504 or IEP plan to accommodate physical or psychological changes associated with the concussion.

EVALUATION TOOLS AND REFERRALS

CDC Concussion Symptom Checklist (APPENDIX A): Students who sustain a head injury will be evaluated by a coach, sponsor, teacher, administrator, or health professional available. The Concussion Checklist is meant to document and track the immediate symptoms of a concussion. This tool will be used to determine severity and recommend a student to a physician.

IMPACT System Scale (APPENDIX B): When a student has entered the Post-Concussion protocol, their symptoms must be monitored daily by the concussion case manager and/or the school nurse. Students will remain in the R2L protocol until their symptoms have been reduced below 5 on the impact scale.

IMPACT Baseline Testing: Midwest Orthopedic Center (MOC) offers a baseline testing individuals and all its contracted schools. MOC provides baseline testing for contact sports preseason for teams wanting to participate. This is a voluntary test utilized as a tool to help assist in the evaluation process of determining a safe return to play. Completing the R2L and R2P is not based solely on IMPACT testing, but the data is useful in the evaluation process.

IMPACT Post Testing: It is preferred that before conducting an IMPACT post-test that the athlete be symptom-free or is having symptom resolution. This will be more beneficial to the evaluation process for determining when to proceed to the next stage of exertional progressions or when deciding if an athlete is ready for full clearance back to sport. This data is more beneficial when comparing it to a previously recorded baseline. If a baseline test is not on file, a post test is still useful but will not have as much information that is patient specific.

Medical Referral Process: MOC athletic trainers work in conjunction with our sports medicine physicians. Athletic trainers can evaluate all athletes with concussions and can determine when a safe return to play can be allowed. Based off the symptom status of the athlete, the athletic trainer may determine if the individual is in need of further evaluation by one of our physicians. If this is a case where physician evaluation is needed, then athlete should be IMPACT post-tested prior to seeing the physician. If the patient is seen in house during normal business hours the patient will see and ATC 45-60 minutes prior to the physician appointment. The ATC will share the results with the treating physician for data interpretation to coincide with their evaluation. If the ATC has the option of doing a post-test at an off-site location, it is important that the information be sent or discussed with the physician prior to their appointment if they are coming into MOC for further evaluation. Concussions that come into MIDWEST ORTHO FIRST will not be IMPACT tested that day. A physician evaluation will be conducted and if post testing is required, the treating physician may require that on a follow-up appointment.



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RETURN TO LEARN EXPLAINED

In most cases, a concussion will not significantly limit a student's participation in school and usually involves temporary, informal instructional modifications and academic accommodations. In approximately 75% of cases, recovery from symptoms occurs within seven days, while roughly 90% recover from symptoms within 10 days. If recovery becomes more prolonged (more than three weeks), there should be greater concern for a student developing depression and anxiety. Additionally, a 504 plan or an IEP may need to be considered for those having prolonged recovery beyond several months.

RETURN TO LEARN PROTOCOL is a stepwise progression in accordance with the Sport Concussion Institute and Lurie's Children's Hospital of Chicago's recommendations (**APPENDIX_Children's hospital R2L Guide**) for graduated return to school (**APPENDIX C_Return to Learn Protocol**) that fits the needs of the individual. Each student will move through the plan at his or her own pace. When a student returns to school following any injury, the school team's responsibility is to (a) assess the needs, (b) design an intervention plan, (c) monitor the effectiveness of the plan, and (d) adjust and readjust until the student no longer has special needs resulting from the condition.

If the student cannot tolerate 30 minutes of light cognitive activity, he or she should remain at home. Once the student can tolerate 30-45 minutes of cognitive activity without return of symptoms, he or she should return to the classroom in a step-wise manner.

A student with a concussion should be evaluated by a licensed healthcare professional who has experience managing concussions for guidance about when it's safe to return to school as well as recommended appropriate levels of cognitive and physical activity throughout the recovery process.

Points of Emphasis

- The Return-to-Learn protocol is initiated when a student sustains a head injury resulting in the appearance of concussion symptoms; a Physician's diagnosis is not required to initiate concussion protocol. An evaluation by a licensed healthcare professional is required for clearance into the Return to Play protocol.
- The protocol emphasizes allowing the student to participate in school in a modified fashion so as not to worsen symptoms. Determining "how much is too much" may be a trial and error process.
- The student should be granted adequate time to complete missed academic work based on the amount of time needed for complete recovery.



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- The student should report to the case manager daily in order to monitor symptoms and assess how the student is tolerating the accommodations (a symptom checklist is recommended), as well as assess how staff are implementing the modified learning plan.
- As the student's recovery progresses through the outlined phases of the return to learn protocol, teachers should identify essential academic work. Teachers can facilitate recovery by reducing the student's anxiety levels related to perceived volume of work that will be required once he/she is medically cleared to resume a full academic load.

RETURN TO LEARN: School Accommodation Options by Symptom

HEADACHES	ALLOW TO LAY HEAD DOWN AT DESK ALLOW FREQUENT BREAKS IDENTIFY TRIGGERS THAT CAUSE HEADACHES TO WORSEN
SENSITIVITY TO NOISE (PHONOPHOBIA)	NO PE, BAND, CHORUS, SHOP CLASS; MEET IN LIBRARY AVOID LUNCH ROOM; EAT IN QUIET SETTING AVOID ATTENDING ATHLETIC EVENTS, GYMNASIUMS ALLOW EARLY HALL PASS TO CLASS AVOIDING LOUD CORRIDORS REFRAIN FROM USING CELL PHONE, HEADPHONES/EAR BUDS
SENSITIVITY TO LIGHT (PHOTOPHOBIA)	ALLOW TO WEAR SUNGLASSES MOVE TO AREA WITH LOW-LIGHTING, DIMLY-LIT ROOM AVOID SEATING WITH DIRECT SUNLIGHT FROM WINDOWS AVOID OR MINIMIZE BRIGHT PROJECTOR/COMPUTER SCREENS
OTHER VISUAL PROBLEMS I.E. BLURRED OR DOUBLE-VISION SACCADIC EYE MOVEMENTS (TRACKING) NEAR-POINT CONVERGENCE (CLOSE- UP)	LIMIT COMPUTER USE REDUCE/SHORTEN READING ASSIGNMENTS RECORD LECTURES, USE AUDITORY LEARNING APPS ALLOW FOR MORE LISTENING AND DISCUSSION VS READING INCREASE FONT SIZE ON COMPUTER SCREENS DESKTOP WORK ONLY REFRAIN FROM TEXTING, VIDEO GAMING REFRAIN FROM WATCHING TV CLOSE-UP OR FROM A DISTANCE
CONCENTRATION OR MEMORY (COGNITIVE) PROBLEM	PLACE MAIN FOCUS ON ESSENTIAL ACADEMIC CONTENT/CONCEPTS POSTPONE MAJOR TESTS OR PARTICIPATION IN STANDARDIZED TESTING ALLOW EXTRA TIME FOR ASSIGNMENTS, QUIZZES ALLOW EXTRA TIME TO COMPLETE TESTS, PROJECTS REDUCE CLASS ASSIGNMENTS, HOMEWORK
SLEEP DIFFICULTIES	ALLOW LATE START TO SCHOOL ALLOW FREQUENT REST BREAKS



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RETURN TO LEARN: Academic Accommodations in a Phased Progression

NO SCHOOL (STAY HOME) Phase 1	DISCOURAGE TEXTING, VIDEO GAMING, WATCHING TV, USING CELL PHONE, LISTENING TO MUSIC WITH HEADPHONES NO HOMEWORK OR COMPUTER USE COGNITIVE "SHUT DOWN" USE DARKENED, QUIET ROOM
LIMITED SCHOOL ATTENDANCE (HALF DAYS/PART-TIME) MAXIMUM ACCOMMODATIONS ABLE TO TOLERATE UP TO 30 MINUTES MENTAL EXERTION Phase 2	LIMIT/PARTIAL CLASS ATTENDANCE; NO PE, PERIODIC REST BREAKS AWAY FROM CLASS IN A QUIET AREA ALLOW TO LAY HEAD DOWN AT DESK LIMIT/MODIFY ACADEMIC CLASSWORK NO MAJOR/STANDARDIZED TESTING PROVIDE EXTRA HELP; PEER NOTE TAKING CLEAR DESK AND LISTEN EXTRA TIME FOR QUIZZES IN A QUIET AREA EXTRA TIME FOR ASSIGNMENTS; MODIFY ASSIGNMENTS MINIMAL OR NO HOMEWORK
FULL-DAY ATTENDANCE (LIMIT CLASS ATTENDANCE) MODERATE ACCOMMODATIONS ABLE TO TOLERATE UP TO 45 MINUTES MENTAL EXERTION Phase 3	NO PE. LIMIT CLASS ATTENDANCE IN ACADEMICALLY CHALLENGING CLASSES NO MAJOR/STANDARDIZED TEST; MODIFIED TESTING REST PERIODS IN CLASSROOM AS NEEDED EXTRA TIME FOR ASSIGNMENTS; QUIZZES AS NEEDED LIMITED HOMEWORK, I.E. LESS THAN 30 MINUTES
FULL CLASS ATTENDANCE MINIMAL ACCOMMODATIONS ABLE TO TOLERATE UP TO 60 MINUTES MENTAL EXERTION Phase 3	NO PE. INCREASE RETURN TO NORMAL CLASS WORKLOAD BEGIN WORKING ON MISSED WORK/ASSIGNMENTS MODERATE HOMEWORK, I.E. LESS THAN 60 MINUTES
FULL ACADEMICS NO ACCOMMODATIONS Phase 4	RESUME NORMAL HOMEWORK ASSIGNMENTS IDENTIFY ESSENTIAL CONTENT AND ASSIGNMENTS TO MAKE UP DEVELOP REALISTIC TIMELINE FOR COMPLETING ASSIGNMENTS RE-EVALUATE WEEKLY UNTIL ASSIGNMENTS ARE COMPLETED WHEN INDICATED BY SCHOOL'S ATHLETIC TRAINER OR LICENSED HEALTH CARE PROVIDER, INITIATE RETURN-TO-PLAY PROGRESSION



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RETURN TO PLAY EXPLAINED

According to the National Federation of State High School Association (NFHS) any player who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from play and shall not return to play until cleared by an appropriate health care professional. In applying this rule in the state of Illinois, it has been determined that only certified athletic trainers and physicians licensed to practice medicine in all its branches of Illinois can clear an athlete to return to play. The athlete must be evaluated by the healthcare provider and receive written clearance before they return to play. Once written clearance is provided by a healthcare provided, a student continues to the Return to Play Protocol. Once initiated, students will follow a stepwise program in accordance with the ***Sports Concussion Institute's Graduated Return to Play Protocol (APPENDIX D)***.

For the purposes of this policy, licensed healthcare providers consist of Physicians licensed to practice medicine in all its branches and certified athletic trainers working in conjunction with the licensed physicians. **A student may see their own doctor or go to Midwest Orthopedic Center for treatment.**

CONCUSSION TRAINING

As of September 1st 2016, all interscholastic coaches and licensed officials will need to complete a training program of at least two hours on concussions. Coaches, nurses, and game officials must provide the district with proof of successful completion of the training. Training must be conducted every two years. Head coaches, assistant coaches, volunteer coaches, and the Concussion Oversight team must complete the required training.

REFERENCES

SB 07 (Public Act 99-245) (APPENDIX F).

CDC TBI Fact Sheet (APPENDIX G).

Lurie Children's Hospital Return to Learn Guide (APPENDIX H)



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APPENDICES TO CONCUSSION MANAGEMENT PLAN

APPENDIX A: CDC Concussion Symptom Checklist

APPENDIX B: IMPACT Post Concussion Form

APPENDIX C: Return to Learn Protocol

APPENDIX D: Return to Play Protocol

APPENDIX E: Post Concussion Consent Form

APPENDIX F: REFERENCE_SB 07_ Youth Sports Concussion Safety Act

APPENDIX G: REFERENCE_CDC TBI Fact Sheet

APPENDIX H: REFERENCE Lurie Children's Hospital Return to Learn Guide (https://www.iesa.org/documents/general/IESA-Lurie_RTL_Guide.pdf)