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TO:

Dr. Carol Kelley, Superintendent

FROM:

Dr. Felicia Starks Turner, Senior Director of Administrative Services

RE:

**Concussion Safety Update** 

DATE:

**September 13, 2016** 

Below is a summary of the steps taken to date to comply with the Youth Sports Concussion Safety Act (<u>Public Act 99-0245</u>) which took effect at the start of the 2016-2017 school year. The law specifies requirements for concussion safety for public school districts, charter schools, and private schools with students participating in interscholastic athletic activities.

July 12, 2016	The board reviewed proposed policy 7305 – "Student Athlete Concussions and								
July 12, 2010	Head Injuries"								
July 26, 2016	Policy 7305 approved in consent agenda								
August 17, 2016	District's Concussion Oversight team formed:								
August 17, 2010									
	Felicia Starks Turner, Senior Director of Administrative Services     Mile Bedevie Capital Director of Capital Capital								
	Mike Padavic, Senior Director of Special Services								
	Jamie Perteson, Nurse, Irving School								
	Daniel Goodwin, Assistant Principal, Julian Middle School								
	<ul> <li>Stacey Klein, Assistant Principal, Brooks Middle School</li> </ul>								
	Noah Wiza, PE Department Chair								
	<ul> <li>Kate Mucha, PE Department Chair</li> </ul>								
1	<ul> <li>Dr. Marvin Rossi, Physician Consultant</li> </ul>								
	The Concussion Oversight Team will meet on October 24, 2016; March 6, 2016								
	and May 15, 2016 (attached)								
August 24, 2015	Nurses conducted concussion safety training for all school staff								
	Nurses also provided "Concussion Information" sheets to all coaches for								
	distribution to parents of student athletes. These forms must be signed each								
	year and returned to coach in order for a student to participate in sports								
	(attached)								
	Concussion Protocol Template distributed and posted in school health offices								
August 25, 2016	Physical Ed teachers completed concussion safety training via the "Heads Up								
	"video course from the CDC focusing on concussion symptoms and benchmarks								
	for "Return to Play" and "Return to Learn". Completion certificates are on file at								
	the district office. All athletic coaches will also be required to complete a								

	concussion training course prior to start of the sports season.					
Ongoing	Nurses in the elementary and middle schools will act as case managers for					
	students who return to school following a diagnosed concussion. The nurses w					
	work with the student, parents/guardians and treating physician to advance the					
	student along the "Return to Learn" and "Return to Play" Continuum.					

Please let me know if you need additional information.

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## Oak Park School District 97 Concussion Information Sheet for Parents and Guardians

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 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 of Concussion May Include One or More of the Following:

- Headaches or "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 or changes in sleep patterns
- Amnesia
- Fatigue or low energy or reports "not feeling right"
- Sadness or irritability
- Nervousness or anxiety
- Concentration or memory problems
- Repeating the same question/comment

## Signs observed by teammates, parents and coaches include:

- Loses consciousness or experiences a seizure or convulsions
- Vacant facial expression or appears dazed
- Confused about assignment or 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 or can't recall events after a hit

## Oak Park District 97 Concussion Acknowledgement Form

What can happen if my child keeps on playing with a concussion? Students with the signs and symptoms of concussion should be removed from play immediately. There is an increased risk of significant damage from a concussion for a period of time after the injury occurs, particularly if the student suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating consequences. It is well known that young students 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's safety. Any student even suspected of suffering a concussion should be removed from play or practice immediately. No student 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 student should continue for several hours. Oak Park District 97 requires students to provide their school with written clearance from a physician licensed to practice medicine in all its branches prior to returning to learn and play following a concussion. In accordance with state law under the Illinois Youth Sports Concussion Safety Act P.A. 99--0245, all public schools are required to follow this policy. You should also inform your child's medical provider, school nurse, teacher, principal and coaches if you think that your child may have a concussion. For current and up-to-date information on concussions you can go to: http://www.cdc.gov/ConcussionInYouthSports/

I Have Received Information on Concussion Safety from Oak Park District 97						
Parent Signature	Date					

Protocol	Return to Learn			Return to Play				
Phase	Phase 1 Complete Cognitive and Physical Rest	Phase 2 Individualized Accommodations	Phase 3 Transition Back to Full Academic Load	Phase 1 Light Aerobic Exercise	Phase 2 Sport Specific Exercise	Phase 3 Non-Contact Training Drills	Phase 4 Full Contact Practice	Phase 5 Return to Full Competition
Objective	Initial recovery period to rest brain and not worsen symptoms.  Attain <u>Post-Con Consent</u> <u>Form</u> AND physician script from student/parent	Transition back to school with gradual reintroduction of cognitive activity by limiting amount, length and difficulty of academic requirements to the extent manageable.	Fully transitioned back into full school day with gradual removal of accommodations when symptoms are not triggered.	Begin transition back to physical activity by increasing heart rate via walking or stationary aerobic activity.	Add basic movements and limited drills specific to sport to gage level of cognitive and physical fitness.	Determine whether cognitively and physically ready to begin contact through increasing intensity of complex training drills that require coordination and attention.	Confirm full fitness to return to play through restoring confidence and assessing functional skills.	Return student back to competition with any reoccurrence of symptoms going forward requiring immediate removal from play, a physician visit, and return to RTL.
Intervention Options	Attendance Considerations -No school to partial daysBreaks upon request. Classroom Experience -Adjust or move learning environment to reduce symptom triggersAllow to only listen, no note taking or reading. Homework Experience -No homework/quizzes/testsProvide class notes. Grading Policy -Grades basence grading policy in effectGrades based off of oral learning, not written. Transitions/Common Area -May use elevator and be dismissed prior to peer transition for RTL duration.	Attendance Considerations -Alternating AMPM ½ days or every other classFull days with scheduled breaks. Classroom Experience -Short bursts of of cognitive work (5-15 minutes)Provide tutor to assist with notes/studying/ organization. Homework Experience -Prioritize in-class learningMay be modified to demonstrate mastery. Grading Policy -No due dates on assignmentsExtended time on testing. Transitions/Common Area -Phase 1 Options -Avoid any event with loud noise and/or bright lights.	Attendance Considerations -Full-time attendance. Classroom Experience -Construct stepwise make-up planAssist in prioritizing assignments/flests/projects. Homework Experience -Workload shifts to outside of class as manageable. Grading Policy -Extended time to make-up work referencing due dates on make-up plan. Transitions/Common Area -Avoid any environment that may re-trigger symptoms until fully recovered	All Sports Walking, stationary bike, swim for 15 minutes max.	Basketball/Volleyball -Run/Jog IntervalsLateral footwork drills. Soccar -Run/Jog IntervalsChange of direction drills. Football/Rugby -Run/Jog IntervalsBackpedal/Karaoke. Cheerleading -Run/Jog IntervalsBalance training. Baseball/Softball -Baserunning cardioLateral footwork drills. Cross Country/Track -Run/Jog IntervalsDynamic stretching.  No head impact. (45 Minutes Max)	Basketball/Volleyball -Individual drills involving ball workWalkthrough Soccer -Individual drills involving ball work. Football/Rugby -Individual on air or controlled pad drillsWalkthrough Cheerleading -Floor/Sideline routine1-Rotation tumbling. Baseball/Softball -Helmeted fieldingTee/Soft toss batting. Cross Country/Track -Sprint/Relay practice -Throwers footworkJumpers approach steps. May begin resistance training.	All Sports Must complete at minimum one full contact practice without restrictions in order to be eligible for game competition.	All Sports Designate staff member to monitor student returning during first competition being conscious of any abnormal reactions.
Physical Activity	None	None	None unless prescribed by physician	Limited	Moderate	Accelerated	Normal	Normal
Advance When	Symptom free for 24 hours.  Student can tolerate school environment without worsening symptoms.  Written confirmation from physician giving clearance for cognitive activity (RTL).  Post-Con Consent Form signed by parent & student.	Symptoms decrease in both number and severity while while student's academic load is gradually increased.  Student should be back to school full time attending all scheduled classes.  If student remains in Phase 2 longer than 4 wks, student must return to physician for further evaluation.	Student tolerates full academic load symptom-free, All accommodations removed.  Written confirmation from physician giving clearance for physical activity (RTP),	Symptom-free during exercise AND at rest for 24 hours after activity.	Symptom-free during exercise AND at rest for 24 hours after activity.	Symptom-free during exercise AND at rest for 24 hours after activity.  Revisit physician obtaining written statement giving clearance for full contact practice AND return to competition.	Symptom-free during exercise AND at rest for 24 hours after activity.  Coach or athletic trainer clearance to return to competition.	
Approved to Advance	Initial:	Initial:	Initial: "Add date cleared for RTL to Post-Con Consent Form	Initial:	Initial:	Initial:	Initial;	Initial: *Add date cleared for RTP to Post-Con Consent Form