

Concussion Policy: Return-to-Learn and Return-to-Play

Purpose

In compliance with the Illinois Youth Sports Concussion Safety Act, Resurrection College Prep High School will follow Return-to-Learn and, for athletes, Return-to-Play protocols to ensure all students who experience a concussion receive necessary support.

Concussion Oversight Team

The concussion oversight team will consist of Doctor Brian Donohue of Presence Resurrection Medical Center, Resurrection's athletic trainer, Resurrection's athletic director, Resurrection's concussion case manager, and Resurrection's Dean of Students. The athletic trainer will serve as the return-to-play manager, and the concussion case manager will serve as the overall case manager, including managing return-to-learn procedures. The goal of the concussion oversight team is to have a central point of communication in the case manager, who will be knowledgeable of, and able to communicate all aspects of student needs during a concussion.

Preventative Process:

- 1) Students/Parents wanting to participate in Resurrection athletics must sign the Concussion Information form during pre-participation paperwork.
- 2) Students/Parents wanting to participate in Resurrection athletics must attend the pre-season parent meeting where the Athletic Trainer will discuss concussions and the return-to-play protocol .
- 3) Student athletes must watch the IHSA concussion video and sign a waiver confirming they viewed the video before participating in their sport.
- 4) All Resurrection coaches must pass the IHSA concussion test, certifying them to take the lead in the event of a concussion if the Athletic Trainer is not present. Coaches are expected to remove a student from play if she has had an injury to the head, until it can be thoroughly evaluated by a licensed MD or DO.

Concussion Policy:

Students with a suspected concussion are required to seek an evaluation from a licensed MD or DO. If a student is seeking a concussion evaluation from a physician, families must obtain a School-Based Concussion Recommendation form (attached) and Release of Information Consent Form (attached) from the Concussion Case Manager, Athletic Trainer, Athletic Director, School Counselor, or Attendance Office for the MD/DO to complete. If school staff suspects symptoms of a concussion, based on student report, the school can mandate an evaluation. Once the student has been diagnosed with a concussion by a licensed MD or DO, she will be referred to the Concussion Case Manager.

For school accommodations to be considered, an SBCR form documenting the concussion diagnosis, academic restrictions and plans for further evaluation should be completed by the evaluating MD/DO and returned to Resurrection's Concussion Case Manager.

A student whose SBCR indicates academic restrictions, such as no tests or quizzes, may not participate in Resurrection athletics and may be restricted from other activities, per her MD/DO. A student may not participate in athletics until Resurrection's Athletic Trainer follows the return-to-play protocol and the student is cleared to resume their sport. If at any time symptoms of a concussion return, the student will revert back to the previous step in the return-to-play protocol. At the end of RTP/RTL, a notification letter will be sent home to parents by the Athletic Trainer (or by the Concussion Case Manager for non-athletes).

The concussion case manager will follow up with the student, family, and diagnosing MD/DO to gather information about the student's current level of functioning in the school setting.

Return-to-Learn Framework

Adopted from Ann & Robert H. Lurie Children's Hospital of Chicago- Institute for Sports Medicine

To initiate the Return-to-Learn protocol, the student must be evaluated by an MD/DO and documentation provided to the school outlining cognitive and physical restrictions. The protocol should emphasize allowing the student to participate in the school day 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 following recovery. The student should report to their concussion case manager regularly in order to monitor symptoms and assess how the student is tolerating specific school accommodations, as well as assess how teachers and staff are implementing the modified learning plan.

Phase 1: No School/Complete Cognitive and Physical Rest: In this phase, the student may experience high levels of symptoms that prohibit the student benefiting from school attendance and may cause symptoms to increase in intensity. During this stage, physical symptoms tend to be the most prominent and may interfere with even basic daily tasks. Many students are unable to tolerate being in the school environment due to severe headache, dizziness or sensitivity to light or noise.

Emphasis on cognitive and physical rest to allow the brain and body to rest as much as possible.

No School - Avoid activities that exacerbate symptoms. Activities that commonly trigger symptoms include reading, video games, computer use, texting, television, and/or loud music.

No physical activity- this includes anything that increases the heart rate as this may worsen or trigger additional symptoms.

No tests, quizzes or homework - Provide students with copies of class notes.

Phase 2: Part-Time School Attendance with Accommodations: In this phase, the student's symptoms have decreased to manageable levels. Symptoms may be exacerbated by certain cognitive activities that are complex or of long duration. Often students can do cognitive activities but only for very short periods of time (5-15 minutes) so need frequent breaks to rest and "recharge their batteries".

Re-introduction to school.- Avoid environments and tasks that trigger or worsen symptoms. In the first few days of returning to school the goal is not to immediately start catching up on the missed work or learn new material. Rather the initial goal is simply to make sure the student can tolerate the school environment without worsening symptoms. This means the first few days often include just sitting in class and listening (no note-taking or reading). Once the student can tolerate this, she can try short intervals (5-15 minutes) of cognitive work per class. Again, determining how much is too much is a trial and error process. Student may begin with half days in school, or rest in the nurse's office, library or quiet location in between classes.

Symptoms reported by the student should be addressed with specific accommodations, reading and other visual stimuli, based on the student's symptoms. Provide student with copies of class notes (teacher or student generated) No tests or quizzes. Homework load based on symptoms. There should be no due dates on homework assignments. This allows students to work at a pace that does not exacerbate symptoms and reduces their anxiety about completing missed assignments. Many students have heightened anxiety during concussion recovery and due dates exacerbate this. Allow the student to leave class a few minutes early to avoid noisy, crowded hallways between class changes. No physical activity including gym, PE or participation in athletics

Phase 3: Full-Day Attendance with Accommodations: In this phase, the student's symptoms are decreased in both number and severity. They may have intervals during the day when they are symptom-free. Symptoms may still be exacerbated by certain activities.

As the student improves, gradually increase demands on the brain by increasing the amount, length of time, and difficulty of academic requirements, as long as this does not worsen symptoms. Continue to prioritize assignments, tests and projects; limit students to one test per day or every other day with extra time to complete tests to allow for breaks as needed based on symptom severity. Continue to prioritize in-class learning; minimize overall workload. Gradually increase amount of homework. Reported symptoms should be addressed by specific accommodations; accommodations can be reduced or eliminated as symptoms resolve. No physical activity unless specifically prescribed by the student's MD/DO.

No contact sports are allowed until the student is completely symptom free for a minimum of 24 hours, completing full days at school and requires no academic modifications (determined by the Concussion Case Manager or MD/DO according to SBCR), and has received written clearance (determined by MD/DO or Athletic Trainer according to SBCR).

Phase 4: Full-Day Attendance without Accommodations: In this phase, the student may report no symptoms or may experience mild symptoms that are intermittent. Accommodations are removed when student can participate fully in academic work at school and at home without triggering symptoms.

If necessary, case manager will help construct a reasonable step-wise plan to complete missed academic work; an extended period of time is recommended in order to minimize stress. Physical activities as specified by RTP.

**Return-to-Play Protocol can begin once the student is 24 hours symptom free.*

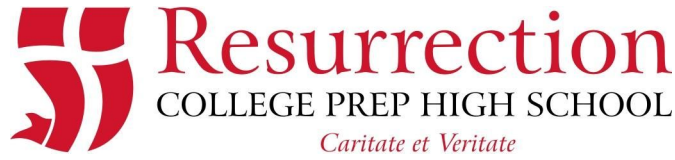
Phase 5: Full School and Extracurricular Involvement: No symptoms are present. The student is consistently tolerating full school days and their typical academic load without triggering any concussion related symptoms. No accommodations are needed. Before returning to physical education and/or sports, the student should receive written clearance and complete a return-to-play progression as indicated by the Resurrection Concussion Policy.

Return-to-Play Framework

Adopted from Sports Concussion Institute

RTP begins with recovery. Cognitive and physical rest until student is symptom free for a minimum of 24 hours. Return-to-Learn is completed within this time. The student will not begin Return-to-Play until academic accommodations have been lifted.

Step One Light Aerobic Activity <i>30 minute bike ride in fitness center</i>	Step Two Sport Specific Aerobic Activity <i>1.5-2 mile run, depending on sport. Various conditioning exercises, such as burpees, squat jumps, etc.</i>	Step Three Non-Contact Practice <i>Non-contact practice</i>	Step Four Full Contact Practice <i>Full contact practice</i>	Step Five Game/Contest or Second Full Contact Practice <i>Practice/ play as normal</i>
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School Based Concussion Recommendation

Dear Treating Physician,

Your patient, _____ is a Resurrection College Prep High School student and was injured with symptoms indicating a possible concussion. Please review, sign, and have the student return this form to the Athletic Trainer or Concussion Case Manager.

Concussion Related History:

Symptoms (0 – 6):

Headache ___ Dizziness ___ Concentration Difficulties ___ Nausea ___ Fatigue ___ Irritable ___
 Sensitivity to Light ___ Sensitivity to Sound ___ Confusion ___ Blurred Vision ___ Feeling Slowed
 Down ___ Drowsiness ___
 Memory Loss (anterograde) ___ Memory Loss (retrograde) ___ Other _____

Loss of Consciousness (Yes/ No) Increase of symptoms with VOMS (Yes/No)

Diagnosis:

Concussion	Other Head Trauma List Type:	No Injury
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Please circle the Return to Learn step number you prescribe for your patient to begin:

Step	Intensity	Cognitive Activity	Additional Accommodations Suggestions
1	No activity, no school	Rest	Please check boxes that apply <input type="checkbox"/> pre-printed notes for classes <input type="checkbox"/> enlarged font when possible <input type="checkbox"/> no smart board, projector, screens, etc. <input type="checkbox"/> limited screen time <input type="checkbox"/> allow student to wear sunglasses <input type="checkbox"/> may leave class early to avoid hallway noise <input type="checkbox"/> avoid loud/crowded areas (café, assembly) <input type="checkbox"/> no homework <input type="checkbox"/> modify workload <input type="checkbox"/> no testing <input type="checkbox"/> extended time with testing <input type="checkbox"/> oral testing <input type="checkbox"/> exempt non-essential assignments <input type="checkbox"/> other _____
2	Part-time attendance with accommodations	- Allow accommodations for symptoms - ½ day of school or allow to rest in attendance office - Classwork done at home with breaks	
3	Full day with accommodations	- Allow accommodations for symptoms - Attend all classes excluding PE, allow rest in attendance office if symptomatic - Classwork as symptoms permit	
4	Full day without accommodations	- Attend all classes excluding PE - Begin RTP when symptom free for 24 hours	

Please check all that apply:

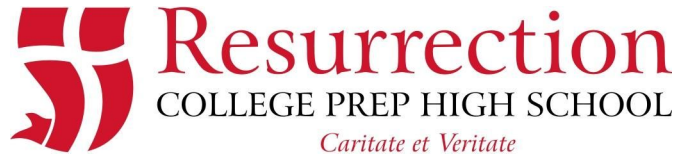
	Resurrection College Prep High School must contact you to progress with Return to Learn and Return to Play protocols. (Daily/Weekly Contact)
	Resurrection College Prep High School can progress with Return to Learn and Return to Play as symptoms dictate, but student must be evaluated by your office before full release. (2 nd Visit needed)
	Once the Return to Learn and Return to Play protocols are completed your patient can be released to full cognitive and physical activity. Resurrection College Prep High School will contact you when patient is released. (No further visit necessary)

Contact Information and Signature:

Print Name

Print Office Phone Number and Email Address

M.D. or D.O. Signature or Stamp



RELEASE OF INFORMATION CONSENT FORM

I, _____, parent of _____ give my consent to establish and maintain communication between the appropriate Resurrection College Prep High School personnel, _____, and _____.

Concussion Case Manager

Name of Health Care Provider

I understand that this consent can be honored until my child is cleared of her concussion. While the permission allows Resurrection to communicate information to your chosen agency/person, you may need to sign another release at the agency for them to release necessary information to us. The disclosure of this information will help us in aiding your daughter through her diagnosed concussion.

Concussion Case Manager

Date

Parent/ Guardian

Date

Student

Date

Name of MD/ DO

Office Phone Number