

Blackhawk Middle School

Concussion Policies and Procedures



- Please note that this handbook was developed in response to SB 07 (Public Act 99-245). The legislation focuses primarily on concussion management at the middle school/junior high school and high school levels. The legislation amends the School Code and is a requirement for all schools. The highlights of the law are as follows:
 - Each school board in the state of Illinois shall adopt a policy regarding student athlete concussions and head injuries that is in compliance with the protocols, policies, and by-laws developed by the Illinois High School Association.
 - Information on the school board's concussion and head injury policy must be a part of any agreement, contract, code, or other written instrument that a school district requires a student-athlete and his/her parents or guardian to sign before participating in practice or interscholastic competition.
 - Each school shall use education materials provided by the Illinois High School Association to educate coaches, student-athletes, and parents/guardians of student-athletes about the nature and risk of concussions and head injuries, including continuing play after a concussion or head injury.
 - The formation of Concussion Oversight Teams (COT) at schools with interscholastic athletics. The COT's primary function will be to develop return-to-play and return-to-learn protocols for students believed to have experienced a concussion.
 - No later than September 1, 2016, all interscholastic coaches will need to complete a training program of at least two hours on concussions and will need to provide proof of successful completion of the training. Training must be completed every two years.
 - Public, Private, and Charter schools must also develop a school-specific emergency action plan for interscholastic athletic activities to address the serious injuries and acute medical conditions in which the condition of the student may deteriorate rapidly.
 - Elementary schools with interscholastic athletics will now be required to follow concussion management actions specified by the state.

Handbook developed by:

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Concussion Policy Overview

The follow documents represent the *Blackhawk Middle School* Concussion Policy. This policy is meant to be read and reviewed by all participants in any and all sports, clubs, intramurals, or camps offered by *Blackhawk Middle School*. Those that should review these materials include: all student participants, parents and/or guardians, and all coaching staffs which include head coach, assistant coaches, and any other persons that assist in training, practices and/or assist with the score book.

PARENTS AND STUDENTS

1. Read and review this document
2. The student and the parent and/or guardian shall sign the following documents
 - a. **Concussion Information Sheet** (<http://www.iesa.org/documents/general/IESA-ConcussionSign-Off.pdf>) indicating that they have been provided information by the Athletic Association regarding concussions.
 - b. **IESA Post-Concussion Consent Form** ([http://www.ihsa.org/documents/forms/current/Post-concussion%20Consent%20Form%20\(RPT-RTL\).pdf](http://www.ihsa.org/documents/forms/current/Post-concussion%20Consent%20Form%20(RPT-RTL).pdf)) indicating that they consent to Return to Learn (RTL) and Return to Play (RTP) protocols.
 - c. **Parent & Student Athlete Agreement** (page 17 of this document) indicating that they have received and agree to the terms on this Concussion Handbook.
 - d. **Agreement of each individual student should be on file.**

COACHES AND SUPERVISORY STAFF

1. Read and review this document
2. As a State Requirement you are to take a Concussion Awareness Course. You will complete this course via the Illinois Elementary School Association (IESA) portal.
 - a. Once you have passed this test, please save a copy of your Certificate of Completion.
 - i. Passing this test is good for two (2) years.
 - b. Please send this Certificate of Completion to your Athletic Director.

Concussion Guidelines

A concussion is a type of brain injury resulting from a bump, blow, or jolt to the head that causes the head and brain to move rapidly back and forth. A direct blow to the head is not required to cause a concussion; this type of injury can result from a hit to the body that transmits force to the head. The sudden, forceful movement can cause the brain to bounce around or twist in the skull, stretching or damaging the brain cells and causing chemical changes in the brain. Concussions affect people differently both physically and cognitively. Many students will recover within a few days or weeks and only experience brief symptoms. With a more serious concussion, symptoms can be prolonged and persist for many months or more.

Concussion symptoms can significantly impact a student's ability to learn. Physical symptoms such as headache, dizziness, and visual changes, may inhibit a student's ability to focus and concentrate. Cognitive symptoms may impact the ability of the student to learn, memorize and process information as well as stay on task with assignments and tests. Struggling with schoolwork may actually cause symptoms to increase. Students may experience feelings of frustration, nervousness and/or irritability both as a direct result of concussion and due to resulting academic difficulties. Altered sleep schedules may result in fatigue and drowsiness throughout the day. Inadequate sleep can exacerbate the magnitude of symptoms the student may experience. Treatment and recovery from a concussion is an individualized process. Some students may not miss any school and may need relatively few accommodations. Others may have several months of prolonged symptoms that can significantly affect academic performance and require extensive accommodations at school. The severity of a concussion is measured by how long the symptoms last. Therefore, it is not possible to know how severe a concussion is until the student is fully recovered.

Maximizing a student's recovery potential following a concussion depends on timely implementation of two critical components: cognitive rest and physical rest. There is increasing evidence that using a concussed brain to learn may worsen concussion symptoms and prolong recovery. The goal during concussion recovery is to avoid overexerting the brain to the level of triggering or worsening symptoms. Determining the appropriate balance between the amount of cognitive exertion and rest is the hallmark of the student's learning plan and crucial for facilitating recovery. This balance is different for each concussion. Therefore, an individualized plan for returning to learn with accommodations is required, and should be frequently monitored and updated to allow for the student to progress academically as concussion symptoms improve.¹

¹ Information obtained from the St. Francis College Preparatory (Wheaton, IL) Concussion Policy

What are the Signs and Symptoms of a Concussion?

The signs and symptoms of a concussion can show up right after an injury or may not appear or be noticed until hours or days later. Be alert for the following. Watch for changes in how the student is acting or feeling or if the symptoms are getting worse.

SYMPTOMS AND DANGER SIGNS	
EMOTIONAL	THINKING REMEMBERING
<ul style="list-style-type: none"> • Irritable • Sad • More emotional than usual • Nervous 	<ul style="list-style-type: none"> • Difficulty thinking clearly • Difficulty concentrating/remembering • Feeling slowed down • Feeling hazy, foggy or sluggish
SLEEP	PHYSICAL
<ul style="list-style-type: none"> • Drowsy • Sleeps less than usual • Sleeps more than usual • Trouble falling asleep 	<ul style="list-style-type: none"> • Headache or pressure in head • Nausea or vomiting • Balance problems or dizziness • Fatigue or tired • Blurry or double vision • Sensitivity to light or noise • Does not feel right
SIGNS OBSERVED BY SCHOOL/ATHLETIC STAFF	DANGER SIGNS
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about events • Answers questions slowly • Repeats questions • Can't recall events prior to the hit/fall • Can't recall events after the hit/fall • Loses consciousness even briefly • Personality or behavior changes • Forgets class schedule or assignments 	<p style="background-color: yellow;"><i>Be alert for symptoms that worsen over time. A student should be seen in the emergency department right away if she/he has:</i></p> <ul style="list-style-type: none"> • Repeated vomiting or nausea • Drowsiness or cannot be awoken • A headache that gets worse • Weakness, numbness or decrease in coordination • Slurred speech • Increase confusion, restlessness or agitation • Seizure • Loss of consciousness- even brief • Unequal pupils²

*Parents should be informed about these concussion policies through the following document (Exhibit A):

<http://www.iesa.org/documents/general/IESA-ConcussionSign-Off.pdf>³

² Information obtained from the St. Francis College Preparatory (Wheaton, IL) Concussion Policy

³ Information obtained from the Illinois Elementary School Association

Removal and Return to Play

Any player who exhibits signs, symptoms or behaviors consistent with a concussion shall be immediately removed from the game or practice and shall not return to play until cleared in writing by a licensed health care professional. If a health care professional is not immediately available at the athletic event or practice and an injured student athlete has any of the described signs, symptoms or behaviors of a concussion, s/he shall be promptly taken to a facility for appropriate medical evaluation and care.

A player must be removed from an **interscholastic** athletics practice or competition immediately if one of the following persons believes the player might have sustained a concussion during the practice or competition:

- a coach;
- a physician;
- a game official;
- an athletic trainer;
- the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- the student; or
- any other person deemed appropriate under the school's return-to-play protocol.

A student removed from an **interscholastic** athletics practice or competition may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- the student has been evaluated by a treating physician (chosen by the student or the student's parent or guardian) or an athletic trainer working under the supervision of a physician;
 - the student has successfully completed each requirement of the "return-to-play" and "return to learn" protocols established for the student to return to play;
 - the treating physician or athletic trainer working under the supervision of a physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play and return to learn; and
 - the student and the student's parent or guardian have acknowledged that the student has completed the requirements of the "return-to-play" and "return-to-learn" protocols necessary for the student to return to play; have provided the treating physician's or athletic trainer's written statement and have signed a consent form indicating that the person signing has been informed and consents to the student participating in returning to play in accordance with the "return-to-play" and "return-to-learn" protocols and understands the risks associated with the student returning to play and returning to learn and will comply with any ongoing requirements in the "return-to-play" and "return-to-learn" protocols.
- **A coach of an interscholastic athletics team may not authorize a student's return to play or return to learn.**

Licensed Health Care Professional

For purposes of this policy, licensed health care professional means physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers.

Return to Learn Policy

The hallmark of return-to-learn (RTL) is cognitive rest immediately following concussion, just as the hallmark of return-to-play (RTP) is physical rest. Cognitive rest means avoiding potential cognitive stressors such as school work, video games, reading, texting and watching television. The rationale for cognitive rest is that the brain is experiencing an energy crisis, and providing both physical and cognitive rest allows the brain to heal more quickly.

Phase 1: No School/Complete Cognitive and Physical Rest

Symptom Severity: 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.

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

- If symptoms are severe the student should be on total cognitive rest and use a darkened, quiet room for rest. Consult a physician should this persist more than 2 days.
- As symptoms improve may try light cognitive activity (being up and about, watching some TV, light reading) as long as symptoms do not worsen. This can be done for blocks of 30 minutes up to 2 hours with 10 minute breaks in between.

Interventions:

- Avoid activities that exacerbate symptoms. Activities that commonly trigger symptoms include reading, video games, computer use, texting, television, loud music and riding a bike.
- No physical activity! This includes anything that increases the heart rate as this may worsen or trigger additional symptoms.
- No academic work. No computer work.
- Students should not return until they are able to sustain 30 minutes of “light cognitive activity” without exacerbation of symptoms.

****The student and the parent/guardian shall both sign the IESA Post-Concussion Consent form indicating that they consent to RTL and RTP protocols.***

IESA Post-Concussion Consent form (Exhibit B):

[http://www.ihsa.org/documents/forms/current/Post-concussion%20Consent%20Form%20\(RPT-RTL\).pdf](http://www.ihsa.org/documents/forms/current/Post-concussion%20Consent%20Form%20(RPT-RTL).pdf)

Phase 2: Part-Time School Attendance with Accommodations

Symptom Severity: 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) and need frequent breaks to rest.

Parent/Guardians:

- Please communicate with the nurse, guidance counselor and teachers prior to sending your student back to school.
- See the nurse upon return to school.
- 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. Once the student can tolerate this, he/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.
- Avoid environments and tasks that trigger or worsen symptoms.

Accommodations as needed:

- Part-time school attendance, with focus on the core/essential subjects and/ or those which do not trigger symptoms; prioritize what classes should be attended and how often.
- Half-days, alternating morning and afternoon classes every other day; or (2) attending every other class with rest in the nurse's office, library or quiet location in between.
- Allow student to lay head down on desk.
- Listen to lectures only. No note-taking or reading. Share notes and outlines from teacher or peer.
- No quizzes, tests, projects or papers.
- Eliminate any nonessential work.
- Minimal or no homework.
- Pass early to avoid noise in the hallway, eat lunch in a quiet place with a friend, avoid athletic and gymnasium events.
- Avoid cafeteria, band or choir.
- Avoid florescent lights and/or move to an area of classroom with low-lighting.
- May need to limit exposure to power point/movies due to possible light sensitivity.
- Audio books may be helpful. See librarian for audio book.
- No Physical activity.

Phase 3: Full-Day Attendance with Accommodations

Symptom Severity: 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.

Treatment: 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.

Intervention: Continue to prioritize assignments, tests and projects and in class learning with the help of guidance counselor. Gradually increase amount of homework. Reported symptoms should be addressed by specific accommodations as above. Accommodations can be reduced or eliminated as symptoms resolve.

Additional Accommodations as needed:

- Limit to only one test or quiz each day (or postpone as needed). May need to be taken in a quiet place. May need to take test orally if an option.
- Class information and corresponding assignments should be divided into manageable blocks to minimize cognitive load.
- May record short response answers for homework, quiz or test in an electronic document.
- Increase font size on computer if necessary/minimize computer screen brightness.

Phase 4: Full-Day Attendance with Minimal Accommodations

Symptom Severity: In this phase, the student may report no symptoms or may experience mild symptoms that are intermittent.

Interventions: Accommodations are removed when student can participate fully in academic work at school and at home without triggering symptoms. Construct a reasonable step-wise plan to complete missed academic work; an extended period of time is recommended in order to minimize stress with the help of guidance counselor as needed.

Phase 5: Full School and Ready to Start Sport or Physical Education

Symptom Severity: No symptoms are present. The student is consistently tolerating full school days and their typical academic load without triggering any concussion related symptoms.

Treatment: No accommodations are needed

Interventions: Before returning to physical education and/or sports, the student should receive written clearance and complete a step-wise return-to-play (RTP) progression as indicated by the licensed healthcare professional. Student presently in an interscholastic sport must be cleared by the athletic trainer or a physician. A student who is in PE and not participating in an interscholastic sport must be cleared by their outside health care provider to return to PE and must follow the guidelines.

Sources:

Ann and Robert H. Lurie Children's Hospital of Chicago, Institute for Sports Medicine

CDC Heads Up to Youth Sports

Brain Injury Alliance Washington, Reap Manual

Nebraska Sports Concussion Network

Youth Sports Concussion Safety Act (Public Act 099-0245)

Return to Play Policy

Return to Learn

Return to Learn Protocol

Stage	Activity	Completed Date/Initials
1.No activity	Complete cognitive rest — no school, no homework, no reading, no texting, no video games, no computer work.	_____
2. Gradual reintroduction of cognitive activity	Relax previous restrictions on activities and add back for short periods of time (5-15 minutes at a time).	_____
3. Homework at home before school work at school	Homework in longer increments (20-30 minutes at a time).	_____
4. School re-entry	Part day of school after tolerating 1-2 cumulative hours of homework at home.	_____
5. Gradual reintegration into school	Increase to full day of school.	_____
6. Resumption of full cognitive workload	Introduce testing, catch up with essential work.	_____

*****Students should begin at their highest symptom-free step in the progression*****

All steps should be conducted at a sub-symptom threshold. This is defined as performing activities without symptoms, or with symptoms so long as current symptoms are not increased and no new symptoms occur. If symptoms become aggravated the student should discontinue activity and rest; make adjustments, and try the next day at the same step, or one step lower. Symptoms should be monitored with a school nurse or parent with a tool like the CAM table (located on page 12). Begin with step one and move through as far as the student can tolerate, and then begin the next day at that step.

These steps have been completed and monitored by

School Nurse/Counselor or Parent (circle)

Date

Phone Number

Cognitive Activity Monitoring (CAM) Log

Name _____

Parent/ Teacher: _____

DATE TIME							
LOCATION (circle one)	Home	Home	Home	Home	Home	Home	Home
	School	School	School	School	School	School	School
COGNITIVE ACTIVITY:							
DURATION:							
SYMPTOM (PRE/POST)	Rate 0-10	Rate 0-10	Rate 0-10	Rate 0-10	Rate 0-10	Rate 0-10	Rate 0-10
HEADACHE	_/_	_/_	_/_	_/_	_/_	_/_	_/_
FATIGUE	_/_	_/_	_/_	_/_	_/_	_/_	_/_
CONCENTRATION PROBLEMS	_/_	_/_	_/_	_/_	_/_	_/_	_/_
IRRITABILITY	_/_	_/_	_/_	_/_	_/_	_/_	_/_
FOGGINESS	_/_	_/_	_/_	_/_	_/_	_/_	_/_
LIGHT/ NOISE SENSITIVITY	_/_	_/_	_/_	_/_	_/_	_/_	_/_
Other: _____	_/_	_/_	_/_	_/_	_/_	_/_	_/_
PRE-POST DIFFERENCE	_____	_____	_____	_____	_____	_____	_____

Recommendations for Accommodations

Cognitive

- Adjust Coursework
- Exempt/postpone exams
- Provide Written lesson plans
- Remove or reduce daily course activities

Physical

- "Strategic Rest" 15-20' interval rests
- Quiet Room or Environment
- More breaks in class periods
- Early release from class. Quiet hall pass
- Sit out of music, PE, or Computer courses if symptoms

Emotional

- Allow student to give a signal to leave
- Allow student to leave and decompress
- Allow student to see support staff

Sleep

- Allow for rest breaks
- Allow late start or half days
- Alternate mental challenge with mental rest.

If symptoms do not improve, consider a long term plan such as a 504 Plan, IEP, or an RTI. And follow up with a neuropsychologist.

What if the student gets symptoms while reading or doing homework? Do they start over?

- No; the student does not have to start the progression over, but return to the step that does not aggravate their symptoms. *School work doesn't bother me; do I still have to do the Return to Learn Protocol?*
- Yes; you will still need to be symptom free for 24 hours before beginning the graduated return to play. If you are able to do school work then you will progress quickly through the RTL Protocol.

Graded Return to Play Procedure

Step 1: No Activity until symptom free – Cognitive Rest

Return to Learn Form (hyperlink on page 7) - (Attach to Sheet)

Completion Date: _____

Physician Clearance Note - (Attach to Sheet)

Completion Date: _____

Step 2: Light Aerobic Activity - Only to increase an athlete's heart rate.

No weight lifting

5 to 15 minutes on - exercise bike _____ or walking _____ or light jogging _____

Date: _____ Witnessed Adult: (Print) _____

Step 3: Sport-specific training – [NO Head Impact!!!] The Goal: Limited body and head movement

15 to 20 minutes: Moderate-intensity exercise bike _____ or Moderate jogging _____

or Moderate -intensity weightlifting: _____

Date: _____ Witnessed Adult: (Print) _____

Step 4: Non-contact training drills in full uniform

Date: _____ Witnessed Adult: (Print) _____

Step 5: Full contact practice

Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

Date: _____ Witnessed Adult: (Print) _____

Step 6: Return to competition – Parent Consent Release needs to be signed.

If an athlete's symptoms come back or gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing themselves too hard. The athlete should stop these activities and the athlete's healthcare provider should be contacted. After further rest and no concussion symptoms, the athlete should begin at Step 1 again.

I _____ as the parent/guardian of _____ have been informed concerning and consent to my child's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law. I understand that there are still inherent risks with sports and no injury, including this one, is without recurrence risks. That being said, I do believe that it is safe for my son/daughter to return to full-participation and give my permission for that return to play. Both my child and I understand that if concussive signs/symptoms return it is something that our family physician and School Nurse need to be made aware of immediately.

Parent Signature (Print): _____
Date

Athlete Signature (Print): _____
Date

Athletic Director Signature (Print): _____
Date

Concussion Oversight Team (COT)

Each school shall form a Concussion Oversight Team (COT). The COT's primary function will be to develop return-to-play and return-to-learn protocols for students believed to have experienced a concussion. The protocols should be based on peer-reviewed scientific evidence consistent with guidelines from the Center for Disease Control and Prevention. These teams can contain a range of individuals based on the resources available to the school in their community or neighborhood but must include one person who is responsible for implementing and complying with the return-to-play and return-to-learn protocols.

Per the law, each concussion oversight team must include to the extent practicable at least one physician. If a school employs an athletic trainer, the athletic trainer must be a member of the school concussion oversight team to the extent practicable. If a school employs a nurse, the nurse must be a member of the school concussion oversight team to the extent practicable. At a minimum, a school shall appoint a person who is responsible for implementing and complying with the return-to-play and return-to-learn protocols adopted by the concussion oversight team. A school may appoint other licensed healthcare professionals to serve on the concussion oversight team.

Concussion Oversight Team (COT) for *Blackhawk Middle School*

- 1. Mrs. Janet Kutter, C.S.N., M.Ed. (Bensenville District 2 Nurse)***
- 2. Mrs. Patricia Koehn, Registered Nurse (BMS Nurse)***
- 3. Mr. Perry Finch (Principal)***
- 4. Mr. Edward S. Sullivan III (Mathematics Teacher/Athletic Director)***
- 5. Mr. David Ellett (Physical Education Teacher/Athletic Director)***
- 6. TBD (Licensed Physician)***

Educational Materials

Each school is responsible for ensuring that the following groups below receive educational materials regarding concussions:

- **Coaches**

- Concussion Fact Sheet for Coaches (Exhibit C)
 - http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_coaches.pdf
 - All coaches must complete the following training seminar:
 - Log on to the IESA website: <http://www.iesa.org>
 - Click on MEMBER LOGIN (top left corner)
 - Scroll down to your school (Bensenville Blackhawk)
 - Type in your password (provided by your Athletic Director). Then proceed to login.
 - Select Concussion Certification (third line down on the right)
 - Section A has a number of videos and documents - to review and familiarize yourself with concussions.
 - Section B is the test (contains 30 multiple choice questions)
 - When you log on for the test it will ask you your name, email address and school
 - Complete the test and submit
 - Save and print the results page for you files
 - Send a copy of your certificate completion to your Athletic Director

- **Parents**

- Concussion Fact Sheet for Parents (Exhibit D)
 - http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_parents.pdf

- **Student Athletes**

- Concussion Fact Sheet for Student Athletes (Exhibit E)
 - http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_middle_school_athletes.pdf

- **Game Officials**

- Concussion Fact Sheet for Game Officials (Exhibit F)
 - http://www.cdc.gov/headsup/pdfs/youthsports/heads_up_youth_sports_officials-a.pdf⁴

⁴ Information obtained from: <http://www.cdc.gov/concussion/HeadsUp/Training/index.html>

Emergency Action Plan

5



Illinois High School Association
2715 McGraw Dr., Bloomington, IL 61704
Phone: 309-663-6377
Fax: 309-663-7479

Venue-Specific Action Plan

Venue

Sport: Basketball, Cheer, Dance, Soccer, Track & Field, and Volleyball
Location: Blackhawk Middle School Gymnasium (250 S. Church Rd. Bensenville, IL 60106)

Emergency Personnel

Present: Mr. Edward S. Sullivan III and Mr. David Ellett (BMS Athletic Directors)
On-Call: Ms. Patty Koehn (BMS School Nurse) and Ms. Janet Kuttler (BSD2 Nurse)

Emergency Equipment Location On-Site

Nearest AED: Located outside the Southwest entrance to the gymnasium
First Aid Kit: Located at the Scoretable and in the PE/AD Office
Items for proper care of blood-borne pathogens: Located in the First Aid Kit
Ice or chemical ice packs, water and towels: Located in the First Aid Kit
Player Medical Information: Located in Binder Provided to Coaches
Other equipment as deemed necessary by local circumstances and qualifications of available personnel: N/A

Communication

Access to 911: Phone in the PE/AD Office or Cell Phone
Access to on-call emergency medical personnel: N/A

Role of First on the Scene:

1. Control scene (gain access to athlete)
2. Initial assessment (to determine breathing, consciousness, pulse status)
3. Detailed assessment (to determine extent of injury/illness)
4. Send designated coach to summon help if needed:
 - a. EMS: Call 911
 - b. Athletic Trainer: Call Athletic Training Room or Cell: N/A
5. Initiate immediate care to the sick or injured athlete

EMS Access:

If EMS is called provide directions/access to scene

Directions to site/location: Access Gymnasium through the North Entrance. Pull in to the turn around and proceed to Door #10. Once entering, please proceed forward to the gymnasium.

Open access gates
Designate individual to meet EMS at entrance

⁵ http://www.ihsa.org/documents/forms/current/Emergency_Action_Plan_Form.pdf

Parent & Student Athlete Agreement

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____