CONCUSSION MANAGEMENT PROTOCOLS

JOLIET CENTRAL HIGH SCHOOL
ATHLETICS

JOLIET CENTRAL CONCUSSION MANAGEMENT PROTOCOL WORKFLOW

1. Initial Diagnosis and Notification

Student Name: _____

Student ID: _____

Date Initiated: _____

- ☐ Notify the student's parent/guardian with Parent/Guardian Instruction Form (English version on page 5 and SPanish version on page 5) and provide the Post-Concussion Consent Form. (English version on page 7 and Spanish version on page 8)
- ☐ Notify School Nurse
- ☐ Notify Athletic Director
- ☐ Notify Coach
- ☐ Enter the student into the concussion protocol

2. Return-To-Learn Protocol (RTL)

- ☐ The student reports to the nurse's office each morning for a symptom check
- ☐ The nurse determines the RTL stage for the student
- ☐ Notify counselors and teachers of the concussion and needed accommodations
- ☐ Counselors complete accommodation paperwork and email teacher to inform of needed accommodations
- ☐ Parent/guardian to notify the nursing department if the student is not well enough to attend school
- ☐ Monitor student's symptoms and ability to complete class work
- ☐ Release the student to the athletic training staff once symptom-free for 24 hours and able to complete all class work with no return of symptoms for 24 hours

3. Return-To-Play Protocol (RTP)

- ☐ Prior to entering student into RTP, ensure signed Post-Concussion Consent Form (pages 7 and 8) have been returned to Athletic Training Office
- ☐ Ensure the student remains out of physical education and sport participation until cleared
- ☐ Start the RTP once the student is symptom-free and has completed the RTL
- ☐ Follow a 6-stage progression, with each stage separated by a 24 hour symptom-free period
- ☐ If symptoms return at any point, do not proceed to the next step and retake the step where symptoms presented

3.1 RTP Stage Progression

- ☐ Step 1. Rest and modified activities. Must be symptom free to progress into the active component of RTP

- ☐ Step 2. Light Aerobic Exercise.
- ☐ Step 3. Sport-Specific Training.
- ☐ Step 4. Non-Contact Training Drills.
- ☐ Step 5. Limited Contact Practice/Drills
    - After the completion of step 5 the athlete will take the Impact test (must be at baseline). It is most advantageous to get medical clearance after this stage to rule out any undiagnosed signs or symptoms.
- ☐ Step 6. Full Return To Play. Must have a medical clearance (page 7), signed Post Concussion Consent Form (English on page 8 and Spanish on page 9), and Return To Full Participation Form (English on page 10 and Spanish on page 11), and a returned to baseline Impact test.

4. Final Clearance

- ☐ Obtain clearance for the student to return to full sports competition from a physician, nurse practitioner, or a physician assistant
- ☐ Obtain workflow clearance signature from Athletic Director/Assistant Athletic Director
- ☐ Inform the coach
- ☐ Inform the parent/guardian
- ☐ Inform the student
- ☐ Obtain workflow clearance signature from Athletic Director/Assistant Athletic Director
- ☐ Update the concussion protocol records for the student
- ☐ Gradually reintegrate the student back into their sports competition

Note: Please ensure to monitor the student's condition throughout the protocol and adjust as necessary, in accordance with the school's concussion management policies and the Illinois State law.

Protocol End Date: _____

Administrator Name: _____

Administrator Signature: _____

JOLIET CENTRAL HIGH SCHOOL CONCUSSION PROTOCOL SEQUENCE

Once a concussion is diagnosed the following actions will be taken in sequence:

1. **The Joliet Central H.S. athletic trainer (AI) will notify the parents, school nurses, coaches and athletic director that a student athlete has sustained a concussion.**
2. **The student athlete will be given two forms to take home: The Post Concussion Consent Form to be signed by the parent/guardian and student. That form will be returned to the athletic training office. The Parent/Guardian Instructions Following a Concussion Form. This will inform parents how to progress through the return-to-learn/return-to-play progression.**
3. **The student athlete will report to the nurses office every morning to progress through the RTL portion of The Concussion Protocol. The Nurse will inform teachers and counselors of the concussion and what accommodations may be needed.**
4. **The nurse will inform the athletic training staff when the student athlete has successfully completed the RTL protocol. The student athlete must be symptom free as demonstrated on the Concussion Symptom Tracking Sheet.**
5. **Once symptom free and has Completed RTL, the student athlete will start the RTP portion of the Concussion Protocol under the supervision of the athletic trainers with a 6 step progression as outlined below.**
    - **Step 1. Rest and modified activities. Must be symptom free to progress into the active component of RTP**
    - **Step 2. Light Aerobic Exercise.**
    - **Step 3. Sport-Specific Training.**
    - **Step 4. Non-Contact Training Drills.**
    - **Step 5. Limited Contact Practice/Drills**
        - **After the completion of step 5 the athlete will take the Impact test (must be at baseline). It is most advantageous to get medical clearance after this stage to rule out any undiagnosed signs or symptoms.**
    - **Step 6. Full Return To Play. Must have a medical clearance, signed Post Concussion Consent Form, and Return To Full Participation Form, and a returned to baseline Impact test.**

PARENT/GUARDIAN INSTRUCTIONS FOLLOWING A CONCUSSION

If your child has been diagnosed with a concussion, the Athletic Trainer will notify the student's parent/guardian, school nurse, athletic director and coach that your student-athlete has sustained a concussion and has been entered into the concussion protocol.

The Joliet Central High School concussion protocol has two components as required by Illinois state law.

1. **The Return-To-Learn Protocol (RTL).**
2. **The Return-To-Play Protocol (RTP).**

The athletic trainer will inform the parent/guardian and student that the student must report to the nurse's office each morning to complete a symptom check until cleared by the nursing department to start the Return-to-Play portion of the concussion protocol.

RETURN-TO-LEARN (RTL)

The nurse in the Health Office will determine what stage the student will be placed to start Return-to-Learn. They will notify counselors and teachers of the concussion and needed accommodations.

If the student athlete does not feel well enough to go to school on a day the parent/guardian will notify the nursing department with an update.

Once the student athlete is symptom free for 24 hrs and can complete all class work with no return of symptoms for no less than 24 hrs they will be released from the nursing department to the athletic training staff to start the return-to-play portion of the concussion protocol.

Health Office Contact Information:

- **Joliet Central: Room 295 Phone Number: 815-727-6770**
- **Joliet West: Room 321 Phone Number: 815-727-6724**

RETURN-TO-PLAY (RTP)

When a student athlete has been diagnosed with a concussion, the student must remain out of physical education and sport participation until they are cleared to return to sports by the appropriate medical personnel. The ATP portion has a 6 stage progression and each stage is separated by a 24 hour period. In order to start the ATP portion of the concussion protocol they must be symptom free and completed the RTL portion of the concussion protocol. If symptoms return at any time the student athlete may not continue on to the next step until symptoms have not returned for 24 hours and they must retake the step where symptoms presented. Each step must be separated by a 24 hour symptom free period.

After stage 5, the student will take the "Impact Test" to determine that the student has recovered to baseline when compared to their pre-sports "Impact test". When their baseline has returned to normal the athlete will need to be cleared to return to full sports competition by a physician, nurse practitioner or a physician assistant.

Certified Athletic Trainer Name

Contact Information

INSTRUCCIONES PARA PADRES/TUTORES DESPUÉS DE UNA CONMOCIÓN

Si a su hijo se le ha diagnosticado una conmoción cerebral, el entrenador atlético notificará a los padres/tutores, a la enfermera escolar, al director atlético y al entrenador del estudiante que su estudiante-atleta ha sufrido una conmoción cerebral y ha sido ingresado en el protocolo de conmoción cerebral.

El protocolo de conmoción cerebral de Joliet Central High School tiene dos componentes según lo exige la ley estatal de Illinois.

1. **El Protocolo Volver a Aprender (RTL).**
2. **El Protocolo de Regreso al Juego (RTP).**

El entrenador atlético informará al padre/tutor y al estudiante que el estudiante debe presentarse en la oficina de la enfermera todas las mañanas para completar una verificación de síntomas hasta que el departamento de enfermería lo autorice para comenzar la parte del protocolo de conmoción cerebral de regreso al juego.

VOLVER A APRENDER (RTL)

La enfermera determinará en qué etapa se colocará al estudiante para comenzar el Regreso al aprendizaje. Notificarán a los consejeros y maestros sobre la conmoción cerebral y las adaptaciones necesarias.

Si el estudiante atleta no se siente lo suficientemente bien como para ir a la escuela en un día, el padre/tutor notificará al departamento de enfermería con una actualización.

Una vez que el estudiante atleta esté libre de síntomas durante 24 horas y pueda completar todo el trabajo de clase sin síntomas durante no menos de 24 horas, será dado de alta del departamento de enfermería al personal de entrenamiento atlético para comenzar la parte de regreso al juego. el protocolo de conmoción cerebral.

VOLVER A JUGAR (RTP)

Cuando un estudiante atleta ha sido diagnosticado con una conmoción cerebral, el estudiante debe permanecer fuera de la educación física y la participación deportiva hasta que el personal médico apropiado lo autorice a regresar a los deportes. La porción ATP tiene una progresión de 6 etapas y cada etapa está separada por un período de 24 horas. Para comenzar la parte ATP del protocolo de conmoción cerebral, deben estar libres de síntomas y completar la parte RTL del protocolo de conmoción cerebral. Si los síntomas regresan en cualquier momento, el estudiante atleta no puede continuar con el siguiente paso hasta que los síntomas no hayan regresado durante 24 horas y debe volver a tomar el paso donde se presentaron los síntomas.

Cada paso debe estar separado por un período libre de síntomas de 24 horas.

Después de la etapa 5, el estudiante realizará la "Prueba de impacto" para determinar que el estudiante se ha recuperado a la línea de base en comparación con su "Prueba de impacto" previa a los deportes. Cuando su línea de base haya vuelto a la normalidad, el atleta deberá ser autorizado para regresar a la competencia deportiva completa por un médico, enfermera practicante o asistente médico.

_____

Certified Athletic Trainer Name

_____

Contact Information

POST-CONCUSSION CONSENT FORM

RTL-RTP

For signature by parent/guardian before a student removed from interscholastic athletic practice and competition due to a concussion is allowed to begin the school's Return-To-Learn and Return-To-Play protocols.

I am the parent/guardian of _____. I hereby consent to my student returning-to-learn and returning-to-play.

By consenting, I hereby certify that:

1. **I have been informed concerning and consent to my student participating in returning-to-learn and returning-to-play in accordance with the schools protocol as established by Illinois State Law (Public Act 100-0747).**

2. **I understand the risks associated with my student returning-to-learn and returning-to-play and will comply with any ongoing requirements in the return-to-Learn and return-to-play protocols as established by Illinois State Law;**

3. **I consent to the disclosure to appropriate persons consistent with the Federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) the written statement of the treating physician's, athletic trainer, advanced practice nurse, or physician assistant and, if any, the return-to-learn and return-to-play recommendations of the treating physician, athletic trainer, advanced practice nurse or physician assistant, as the case may be.**

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

FORMULARIO DE CONSENTIMIENTO POSTERIOR A LA CONMOCIÓN

RTL-RTP

Para la firma del padre/tutor antes de que un estudiante retirado de la práctica y competencia atlética interescolar debido a una conmoción cerebral pueda comenzar los protocolos de Regreso al aprendizaje y Regreso al juego de la escuela.

Soy el padre/tutor de _____. Por la presente doy mi consentimiento para que mi estudiante regrese a aprender y regrese a jugar.

Al dar mi consentimiento, por la presente certifico que:

He sido informado sobre y doy mi consentimiento para que mi estudiante participe en el regreso a aprender y al regreso a jugar de acuerdo con el protocolo escolar establecido por la Ley del Estado de Illinois (Ley Pública 100-0747).

Entiendo los riesgos asociados con el regreso de mi estudiante para aprender y el regreso a jugar y cumpliré con los requisitos continuos en los protocolos de regreso a aprender y regreso a jugar según lo establecido por la Ley del Estado de Illinois;

Doy mi consentimiento para la divulgación a las personas apropiadas de acuerdo con la Ley Federal de Portabilidad y Responsabilidad del Seguro Médico de 1996 (Ley Pública 104-191) la declaración escrita del médico tratante, el entrenador atlético, la enfermera de práctica avanzada o el asistente médico y, si corresponde, las recomendaciones para volver a aprender y volver a jugar del médico tratante, el entrenador atlético, la enfermera de práctica avanzada o el asistente médico, según sea el caso.

Firma del esudiante: _____

Nombre del Padre de Familia: _____

Firma del Padre: _____

PHYSICIAN NOTIFICATION FORM

Dear Physician,

_____sustained a concussion on _____.

Joliet Central High School manages concussions using a protocol based upon Illinois state law that includes a step based Return-to-Learn protocol followed by a Return-to-Play protocol. These protocols are in compliance with CDC guidelines, state law requirements, and NATA best practices.

At this point, the student-athlete has completed the Return-to-Learn protocol, is asymptomatic and may have begun the first four stages of the Return-to-Play protocol. He/she is being referred to you for clearance to return to full participation once they have successfully completed the Return-to-Learn protocol and portions of the Return-to-Play protocol directly under my supervision as the Certified Athletic Trainer at Joliet Central High School. The detailed steps of these protocols can be found below.

Return-to-Learn Protocol - Student may start at phase 1. ,2 or 3, depending on presentation

- **Phase 1: Complete physical and cognitive rest. No school attendance.**
- **Phase 2: Return to school with academic accommodations.**
- **Phase 3: Ful1 day school attendance with decreasing academic accommodations.**
- **Phase 4: Ful1 return to academic participation with no symptoms.**

Return-to-Play Protocol - Student must complete each stage separated by a 24 hour period

- **Stage 1: 24 hours symptom free, no athletic activity.**
- **Stage 2: Light aerobic activity up to 30 minutes (jogging, stationary bike).**
- **Stage 3: Moderate-intensity (70-85% max HR) aerobic activity.**
- **Stage 4: Non-Contact sports-specific drills, lifting may resume.**
  - **Student-Athletes must successfully pass ImPACT neurocognitive testing at their baseline level before progressing past stage 4.**
- **Stage 5: Full contact practice, no competition.**
  - **M.D. clearance is required prior to beginning this stage.**
- **Stage 6: Clearance to full athletic participation and competition.**

***If post-concussive symptoms occur at any point during graduated return, there will be a minimum 24 hour rest period. Once asymptomatic the athlete will return to the beginning of the interrupted stage.**

Per Illinois State Practice Acts, The medical release must be signed by a Doctor or Nurse Practitioner only.

Thank you for your assistance, if you have any questions, please feel free to contact me.

_____

Certified Athletic Trainer Name

_____

Contact Information

RETURN TO FULL ATHLETIC PARTICIPATION CONSENT FORM

For signature by Parent/Guardian, Student, Certified Athletic Trainer, and School Administrator before a student removed from interscholastic athletic practice and competition due to a concussion is allowed to return to full participation in interscholastic athletic practice and competition pursuant to Return-To-Play Step 5.

Student Name: _____ Date: _____ Sport: _____

Concussion Management Protocol Progression Dates:

- **Date Concussion Sustained: _____**
- **Completed Return-to-Learn: _____**
- **Completed Return-to-Play Step 1: _____**
- **Completed Return-to-Play Step 2: _____**
- **Completed Return-to-Play Step 3: _____**
- **Completed Return-to-Play Step 4: _____**
- **Completed Return-to-Play Step 5: _____**

I am the parent/legal guardian of _____ (student). I hereby consent to my student returning to full athletic participation. By consenting, I certify that:

1. **On _____ (Date), I consented to my student participating in returning to learn and returning to play in accordance with the school's Return-To-Learn and return-To-Play protocols as established by Illinois State Law.**
2. **As noted above, my student progressed through all steps of the schools Return-To-Learn and Return-To-Play protocol, and all symptoms are absent.**
3. **I understand that there are still risks with sports and that no injury, including this one, is without recurrence risks. That being said, I believe it is safe for my student to return to full participation in interscholastic athletic practice and competition and consent to the same.**
4. **Both my student and I understand the if concussive signs/symptoms return, we must immediately notify the Athletic Trainer. In addition, we shall comply with any ongoing requirements in the school's Return-To- Play protocol.**
5. **I consent to the disclosure to appropriate persons of the treating physician's and/or Athletic Trainer's written statement indicating it is safe for my student to return to full participation in interscholastic athletic practice and competition.**

Student's Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____

Athletic Trainer's Name: _____ Signature: _____ Date: _____

Athletic Director's Name: _____ Signature: _____ Date: _____

VOLVER AL FORMULARIO DE CONSENTIMIENTO DE PARTICIPACIÓN ATLÉTICA COMPLETO

Para la firma del padre/tutor, estudiante, entrenador atlético certificado y administrador de la escuela antes de que un estudiante retirado de la práctica y competencia atlética interescolar debido a una conmoción cerebral pueda volver a participar plenamente en la práctica y competencia atlética interescolar de conformidad con Return-To-Play Paso 5.

Nombre del estudiante: _____ Fecha: _____ Deporte: _____

Protocolo de manejo de conmociones cerebrales Fechas de progresión:

- **Fecha de la conmoción cerebral sostenida: _____**
- **Regreso al aprendizaje completado: _____**
- **Paso 1 para volver a jugar completado: _____**
- **Paso 2 para volver a jugar completado: _____**
- **Paso 3 para volver a jugar completado: _____**
- **Paso 4 para volver a jugar completado: _____**
- **Paso 5 para volver a jugar completado: _____**

Soy el padre/tutor legal de _____ (estudiante). Por la presente doy mi consentimiento para que mi estudiante regrese a la participación atlética completa. Al consentir, certifico que:

1. **El _____ (fecha), acepté que mi estudiante participara en volver a aprender y volver a jugar de acuerdo con los protocolos de regreso a aprender y regreso a jugar de la escuela según lo establecido por la ley estatal de Illinois.**
2. **Como se señaló anteriormente, mi estudiante progresó en todos los pasos del protocolo de regreso a aprender y regreso a jugar de la escuela, y todos los síntomas están ausentes.**
3. **Entiendo que todavía hay riesgos con el deporte y que ninguna lesión, incluida esta, está exenta de riesgos de recurrencia. Habiendo dicho eso, creo que es seguro que mi estudiante regrese a la participación plena en la práctica y competencia atlética interescolar y consienta en la misma.**
4. **Tanto mi estudiante como yo entendemos que si regresan los signos/síntomas de conmoción cerebral, debemos notificar de inmediato al entrenador atlético. Además, cumpliremos con cualquier requisito en curso en el protocolo de Regreso a Jugar de la escuela.**
5. **Doy mi consentimiento para la divulgación a las personas apropiadas de la declaración escrita del médico tratante y/o del entrenador atlético que indica que es seguro que mi estudiante regrese a la participación plena en la práctica y competencia atlética interescolar.**

Nombre del estudiante: _____ Firma: _____ Fecha: _____

Nombre de los padres: _____ Firma: _____ Fecha: _____

Nombre del entrenador atlético: _____ Firma: _____ Fecha: _____

Nombre del director atlético: _____ Firma: _____ Fecha: _____