

# Homer CCSD 33C Concussion Guidelines 2024-2025



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**Concussion Oversight Team:**

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## **Introduction**

This document represents the Homer Community Consolidated School District 33C's ("Homer 33C") policy and procedure manual for concussion management with our students. This document reflects Illinois state law requirements for schools to implement Return to Learn and Return to Play guidelines that are designed to support the student with a concussion and maximize full recovery and quality of life (Public Act 099-0245).

The purpose of this document is as follows:

1. Explain the role of the Concussion Oversight Team (COT).
2. Define key terms associated with concussion and its management.
3. Describe the procedures for reporting a concussion and follow-up.
4. Provide forms and information that can be duplicated and distributed to concerned parties.
5. Describe the general features of good concussion management.
6. Provide information for Homer 33C staff development and training regarding procedures following a concussion.

## **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 and death 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.

**What can happen if my child keeps on playing with a concussion or returns too soon?** Student-athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young student-athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the student-athlete 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 and even fatal consequences. It is well known that adolescent or teenage student-athletes 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-athlete's safety.

### **If you think your child has suffered a concussion.**

Any student-athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No student-athlete 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-athlete should continue for several hours. The Return-to-Play Policy of the IESA and IHSA requires student-athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the student-athlete sits out.

If you think your child has suffered a concussion, please seek medical attention right away. It is important to obtain a letter from the medical provider which outlines the process for returning to learn and play. Provide this documentation and notify the school nurse along with your student’s teacher.

**For current and up-to-date information on concussions you can go to:**

<http://www.cdc.gov/ConcussionInYouthSports/>

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"><li>● Headaches</li><li>● “Pressure in head”</li><li>● Nausea or vomiting</li><li>● Neck pain</li><li>● Balance problems or dizziness</li><li>● Blurred, double, or fuzzy vision</li><li>● Sensitivity to light or noise</li><li>● Feeling sluggish or slowed down</li><li>● Drowsiness</li><li>● Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>● Amnesia</li><li>● “Don’t feel right”</li><li>● Fatigue or low energy</li><li>● Sadness</li><li>● Nervousness or anxiety</li><li>● Irritability</li><li>● More emotional</li><li>● Confusion</li><li>● Concentration or memory problems (forgetting game plays)</li><li>● Repeating the same question or comment</li></ul>

<b>Signs observed by teammates, parents and coaches include:</b>	
<ul style="list-style-type: none"><li>● Appears dazed</li><li>● Vacant facial expression</li><li>● Confused about assignment</li><li>● Forgets plays</li><li>● Is unsure of game, score, or opponent</li><li>● Moves clumsily or displays lack of coordination</li></ul>	<ul style="list-style-type: none"><li>● Answers questions slowly</li><li>● Shows behavior or personality changes</li><li>● Can’t recall events prior to hit</li><li>● Can’t recall events after hit</li><li>● Seizures or convulsions</li><li>● Any change in typical behavior or personality</li><li>● Loses consciousness</li></ul>

**The Concussion Oversight Team**

The Concussion Oversight Team (COT) is composed of four mini-teams that surround the student who has sustained a concussion. These teams interact and work together so that the student can be one of the approximate 80% of children/adolescents who obtain a complete recovery in the 1-4 weeks post injury. Successful recovery from a concussion requires that the student is surrounded by family and professionals who communicate frequently, are knowledgeable about what to do in the early days, are calm and supportive, and assist the student in managing exertion and rest balance.

When a concussion first occurs, the medical team works closely with the family team to ensure the student is medically stable and that the family knows what to do at home to start the recovery process. The next step involves the family and medical team informing the academic team of expected length of absence and how the return to school will be managed. If the student is an athlete, the athletic team will be involved with informing the family and other staff on how to anticipate and manage the return to play.

### **Key Concepts and Terms**

Before describing the procedures associated with concussion management, it is important to describe what is meant by various terms that will be used frequently during care.

<b>Key Concepts</b>	
Return to School	A general concept that means that the student is <i>free from all symptoms</i> during academic <i>and</i> sports activities and normal routines are established.
Return to Learn	Goal of <i>full academic activities</i> with no symptoms
Return to Play	Goal of <i>full academic and physical/sports activities</i> with no symptoms
Cognitive Activity	An activity that involves <i>mental stimulation</i> ; includes academic activities, social interactions, technology interactions, reading, writing, and music
Cognitive Rest	Limiting <i>cognitive</i> activities to prevent symptoms from surfacing
Tolerance of Activities	Tolerating certain activities post-concussion means participating without <i>exacerbating</i> symptoms.

### **Returning to School**

Return to School is a concept that goes beyond the student just attending school, or going back to school after a day of rest. A full return to school means that the student is symptom free for at least 12-24 hours from any symptoms caused by academic, cognitive, emotional or physical activity. There are two main components for a full Return to School: Return to Learn and Return to Play.

**Return to Learn (RTL)** is the gradual process of recovery and reentry to academic studies following concussion, while **Return to Play (RTP)** is the process of returning to athletic activities post-concussion. Illinois law (Public Act 099-0245) states that a protocol for RTL and RTP needs to be established within all schools. Furthermore, a student has not fully returned to the classroom until the RTL protocol has been met and has not fully returned to physical education and interscholastic activities until both RTL and RTP protocols have been met (regardless of whether the concussion took place within the school setting or during interscholastic athletic activities). These protocols are meant to protect students and have been successful in preventing future injury and excessive time spent out of school and sports. RTL and RTP provide a safe and methodical way for students to return to normal, pre-injury activities as quickly as

possible.

**Guidelines for Return to Learn**

Below is a table outlining the stages of recovery that help a student with a concussion balance rest and tolerance of activities. The student and COT work together through all stages of Return to Learn. When there is a physician note with a concussion diagnosis, follow the doctor’s instructions.

**Table 1 - Guidelines for Return to Learn**

Stage	Activity	Next Steps
1. No school/limited cognitive activity	Cognitive rest and good sleep	Able to tolerate activities without symptoms for 12-24 hours? <b>YES</b> - continue to stage 2 <b>NO</b> - continue rest and monitoring
2. Gradual reintroduction in daily activities, “not too much, not too little”	Slowly lift previous restrictions and add them back for short periods of time (5-15 minutes at a time); shorten times for computer use.	Able to tolerate activities without symptoms for 12-24 hours? <b>YES</b> - continue to stage 3 <b>NO</b> - continue to stage 1
3. Cognitive tasks at home	Assignments, reading, screen time, on devices in longer increments (20-30 min at a time) at home	Able to tolerate activities without symptoms for 12-24 hours? <b>YES</b> - continue to stage 4 <b>NO</b> - continue to stage 2
4. Modified (if applicable) school return	Flexible school schedule with accommodations after tolerating 1-2 cumulative hours (20-30 minute increments of hw at home)	Able to tolerate activities without symptoms for 12-24 hours? <b>YES</b> - continue to stage 5 <b>NO</b> - continue to stage 3
5. Full reintegration into school	Increase to a full day of school (without physical education and athletics) and include accommodations.	Able to tolerate activities without symptoms for 12-24 hours? <b>YES</b> - continue to stage 6 <b>NO</b> - continue to stage 4
6. Resume preinjury school schedule and activities	*Resume full academic and cognitive workload without adjustments (or return to normal pre-injury scheduling)	Able to tolerate activities without symptoms for 12-24 hours? <b>YES</b> - continue to stage 6 and begin <i>Return to Play</i> guidelines under the supervision of a physician <b>NO</b> - continue to stage 5

**Managing the Return to School Process**

Following a concussion, there should be an ongoing process of assessing, intervening, and monitoring between school personnel and healthcare providers. Although school adjustments need to be made on a case-by-case basis, the general process of returning to school involves a delicate balance of rest and

tolerance of activities. It is important to get plenty of sleep and rest while recovering from concussion. However, it is also important to gradually incorporate daily activities while managing exertion levels. If the symptoms surface, such as a headache or fatigue, the student must limit the current activity. For example, a student may only be able to attend a few classes per day instead of an entire school day, depending on the presenting symptoms. As symptoms decrease, the student can continue to gradually return to school activities, although school accommodations may still be necessary. With support from the COT, the student should learn about monitoring symptoms and working to tolerable limits. The concept of “not too little, not too much” in regards to activity levels has been shown to speed the recovery process and prevent further injury.

### **Academic Accommodations for Post-Concussion**

For students returning to school post-concussion, academic accommodations may help in reducing the cognitive load and facilitating Return to Learn. Adjustments made to the school schedule, work assignments, and how information is presented will help optimize recovery time and minimize post-concussion symptoms. Below are various accommodations that may benefit students during recovery.

#### **Attendance**

- No school for \_\_\_school day(s)
- Part time attendance for \_\_\_\_\_school day(s) as tolerated
- Full school days as tolerated
- Tutoring homebound/in school as tolerated
- No school until symptom free or significant decrease in symptoms

#### **Breaks**

- Allow students to go to the nurse’s office if symptoms increase
- Allow student to go home if symptoms do not subside

#### **Visual Stimulus**

- Allow student to wear sunglasses in school
- Pre-printed notes for class material or copies of notes
- No smart boards, projectors, computers, TV screens, or other bright screens
- Enlarged font if possible

#### **Auditory Stimulus**

- Allow student to leave class 5 minutes early to avoid a noisy hallway
- Lunch in a quiet place
- Audible learning (discussions, reading out loud, text to speech program)

#### **Workload/Multi-Tasking**

- Reduce overall amount of make-up work, class work, and homework when possible
- No homework
- Limit homework to \_\_\_\_minutes per night
- Prorate workload when possible

#### **Testing**

- No testing
- Extra time to complete tests

- No more than one test a day

### **Physical Exertion**

- No physical exertion/athletics/PE
- Begin Return to Play guidelines under supervision of physician

### **Student Athletes and Return to Play**

Once students can tolerate all pre-injury academic activities and schedules, they may then consider returning to athletic activities. The student's physician will be responsible for monitoring the Return to Play Protocol and also return to physical education activities. The Post-Concussion Consent Form needs to be completed by the parent/guardian and student as part of clearance to Return to Play. A physician's clearance is also included with this consent form.

### **Concussion Identification and Intervention Procedures**

A possible concussion will be identified at school when the student displays one or more of the concussion symptoms (see Concussion Signs and Symptoms Checklist) after an injury. The school nurse or other designated staff will call a parent/guardian to pick the student up and take him/her for a medical evaluation as soon as possible. If the student's condition deteriorates before parent/guardian arrives, emergency personnel will be contacted.

The student's physician will then be responsible for evaluating and determining medical restrictions necessary for the student. The School Nurse will work to assist students in receiving support through the appropriate resources at their respective schools. Students that have been diagnosed with a concussion are to be removed from all physical activity and other activities that exacerbate symptoms. Ongoing monitoring and reassessment of activities will be made based on present symptoms and individual progress.

- Step 1:** Head Injury Reported
- Head injury reported to Homer 33C staff member
- Step 2:** Staff member reports to COT
- Building nurse notifies school/building administration. Athletic director is notified if a student is in grades 5th-8th.
- Step 3:** Family Physician Outreach (medical needs)
- Building nurse contacts family & physician for medical documentation
  - Review documentation & determine medical accommodations
- Step 4:** Assess academic needs
- Nurse, administrator, & school staff review academic accommodations
  - Review academic needs and create accommodations
- Step 5:** Distribute accommodations
- Update family
  - Update coach (if applicable)
- Step 6:** Determine re-assessment

- Gather feedback from team members
- Decide when to reassess medical and academic needs

## **References**

Ann & Robert H. Lurie Children's Hospital of Chicago, Institute for Sports Medicine (2011). Return to learn after a concussion: A guide for teachers and school professionals.

Retrieved from [https://www.iesa.org/documents/general/IESA-Lurie\\_RTL\\_Guide.pdf](https://www.iesa.org/documents/general/IESA-Lurie_RTL_Guide.pdf)

Centers for Disease Control and Prevention. Heads up to schools: know your concussion ABCs.

Retrieved from <https://cdc.gov/headsup/schools>

Youth Sports Concussion Safety Act, 105 ILCS 5/22-80. 099-0245. (2015).

## **Appendix - Resource Links**

### To - Do" Documents

- [1 Post-Concussion Consent Form \(RTP/RTL\)](#) (TO BE RETURNED BY PARENTS TO SCHOOL NURSE)
- [2 CDC Heads Up Concussion Check List](#)

### Important Info

- [Concussion Fact Sheet for Parents](#)
- [Heads Up Concussion - Signs & Symptoms Info](#)
- [Return to Learn after a Concussion: A Guide for Teachers and School Professionals](#)