Joliet Township High School Concussion Management Protocol & Procedures

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School Year: 2025–2026

Buildings: Joliet West High School & Joliet Central High School

District: Joliet Township 204

Primary Contacts:
- Certified Athletic Trainer (AT)
- Building Registered Nurse (RN)
- Athletic Director (AD)
- Building Administrator
- School Counselor

Table of Contents

Table of Contents **1**
Section 1 - Purpose & Guiding Principles **2**
Section 2 - At a Glance: Who Does What? **3**
Section 3 - Immediate Response Procedures **3**
3.1 Student Head Injury During the School Day (Non-Athletics)
3.2 High School Athlete - Practice, Game, or Workout on Campus
3.3 Concussions Outside School or During Club/Non-School Sports
Section 4 - Student Eligibility for the Concussion Protocol **5**
Section 5 - Roles & Responsibilities **5**
5.1 Certified Athletic Trainer (AT)
5.2 Building Registered Nurse (RN)
5.3 Administrators/Athletic Director
5.4 Teachers & PE Teachers
5.5 School Counselors/Student Support Teams
Section 6 - Return to Learn (RTL) Protocol **7**
RTL Phase 0 - Initial Rest (Usually 24–48 Hours)
RTL Phase 1 - Partial Day, Very Light School Demands
RTL Phase 2 - Full Day with Reduced Workload

RTL Phase 3 - Full Day, Near-Normal Workload
RTL Phase 4 - Full Academic Load
Section 7 - Return to Play/Sports (RTP) Protocol **8**
RTP Step 1 - Symptom-Limited Activity
RTP Step 2 - Light-Moderate Aerobic Exercise
RTP Step 3 - Sport-Specific Exercise (No Contact)
RTP Step 4 - Non-Contact Training Drills
RTP Step 5 - Full Contact Practice
RTP Step 6 - Return to Competition
Section 8 - Documentation & Communication **9**
Section 9 – Special Situations **10**
9.1 Student Ending the School Year on RTL/RTP
9.2 Prolonged or Complex Recovery
Appendix A - Red Flag Symptoms (Call 911) **11**
Appendix B - Teacher RTL Cheat Sheet (Short Version) **12**
Appendix C - QR Code Index **13**

Section 1 - Purpose & Guiding Principles

This document outlines Joliet Township's concussion management procedures for all students, including athletes, marching band, ROTC, PE/driver's education, and extracurricular participants. The goal is to provide a clear, consistent process that is easy to follow for administrators, nurses, athletic trainers, coaches, teachers, and families.

These procedures are designed to align with current consensus statements on sport-related concussion, the Illinois Youth Sports Concussion Safety Act, and District policy. Player and student safety always comes before practice, playing time, or competitive considerations.

Guiding principles:

- When in doubt, sit them out - no same-day return to play after suspected concussion.
- Cognitive (school) recovery and physical (sports) recovery are linked – Return to Learn comes before full Return to Play.
- Decisions about diagnosis and clearance are made by licensed health care professionals (DO, MD, PA, NP, AT).
- Communication and documentation protect students and staff.

Section 2 - At a Glance: Who Does What?

This section is meant to live on a wall, clipboard, or in a coach's folder.

If you suspect a concussion at a school event (class, PE, practice, game, rehearsal):

1. Remove the student from activity immediately. Do not allow "just one more drill/play".
2. Notify the AT or Building RN as soon as possible. If neither is available, contact the administrator on duty.
3. Check for red flag symptoms (see Appendix A). Call 911 if any red flags are present.
4. Provide the district Head injury/Concussion Parent Notification Form to the family (done by nurses if during school; done by ATs if during interscholastic sport).
5. Students shall not return to sports or PE that day, even if symptoms improve.

Key roles (summary):

Athletic Trainer (AT): On-site evaluation/diagnosis of athletes, sideline management, communication with families and providers, referral to physician, supervision of RTP progression for in-season interscholastic athletes.

Building RN: School health file documentation, medical alerts (for all athletes who have sustained a concussion, in or out of school), daily symptom checks for students on RTL, parent communication, coordination with teachers.

Administrators / AD: Enforce "no play without clearance," support classroom accommodations, and ensure staff know the protocol.

Teachers & PE Teachers: Provide academic adjustments by phase of RTL; keep physical exertion within allowed limits by RTL phase; report concerns to RN/AT.

School Counselors / Support Staff: Monitor grades, stress, and mental health; help with make-up work plans; consider other academic accommodations if recovery is prolonged.

Section 3 - Immediate Response Procedures

3.1 Student Head Injury During the School Day (Non-Athletics)

Examples: classroom, hallway, cafeteria, PE, lab, school-sponsored field trips

Staff steps:

1. Stay with the student. Do not move them if there is concern for neck or back injury.
2. Send another student or adult to get the Building RN or call to request the RN to the scene.
3. If the student is unconscious, seizing, not breathing normally, or has a serious neck/back injury: call 911 and notify administration immediately.

4. RN evaluates the student, including doing the symptom checklist.
5. If symptoms suggest possible head injury, the student is sent home with a parent/guardian. Head Injury Parent/ Guardian Notification Form is given to the family.
6. RN documents the incident in the student information system and alerts counselor and administrator.
7. If the student is later diagnosed with a concussion: when a medical note is received, the RN initiates the RTL protocol, and sends home the Concussion Protocol Parent/Guardian Information Form and explains that RTL and RTP (in-season interscholastic athletes only) protocols will be followed at school.
8. RN adds a concussion alert in the school information system and notifies counselor, teachers, AT (for athletes), and administrator.

3.2 High School Athlete - Practice, Game, or Workout on Campus

Applies to IHSA/JTHS sports and school-sponsored strength & conditioning sessions.

Coach/AT steps:

1. Any athlete with a blow to the head or body who shows signs or symptoms of concussion is removed from play immediately.
2. Coach calls the AT to the athlete. If the AT is not physically present, contact by phone and follow directions.
3. AT completes sideline assessment (including SCAT6 symptom checklist as appropriate).
4. If concussion is suspected, the athlete does not return to play that day.
5. Parent/guardian is notified as soon as possible. Concussion Injury Parent/ Guardian Notification Form is sent home.
6. If red flag symptoms develop at any point, call 911.
7. AT informs the Building RN (same day or next school day) and the AD that the athlete is in concussion protocol.
8. AT enters the injury into the athletic medical record system; RN enters a health alert in the school system.

3.3 Concussions Outside School or During Club/Non-School Sports

Examples: club/travel team, recreation league, bus/car accident, fall at home, summer injury.

1. When a medical note is received diagnosing a concussion, RN adds a concussion alert in the school information system and notifies counselor, teachers, AT (for athletes), and administrator.
2. RN provides the Concussion Protocol Parent/ Guardian Information Form and explains that RTL and RTP (in-season interscholastic athletes only) protocols will be followed at school.
3. If the physician note specifies a starting point or restrictions, RN uses that to place the student into the appropriate phase of RTL.

4. RTP is only done at school with in-season interscholastic athletes. It is always started at step 1 regardless, and done to completion before the student is cleared from protocol.
5. For students in non-interscholastic sports (sports outside of JTHS), students should complete RTL, followed by providing medical clearance (MD, DO, PA, NP) to return to PE/ driver's education/ ROTC/ marching band. Should their treating physician require a RTP to be done before providing such clearance and/or clearing the student for sports, that is the responsibility of the student's parents/guardians and should be coordinated and conducted between the treating physician and the family.

Section 4 - Student Eligibility for the Concussion Protocol

A student is placed into the Joliet Township concussion protocol when any of the following are true:

- The AT evaluates the student and suspects a concussion.
- The student has written documentation of concussion from a licensed health care provider (MD, DO, PA, NP).

The protocol includes both Return to Learn (RTL) and Return to Play/ Sports (RTP). RTL supports academic recovery; RTP controls physical activity including sports, PE/driver's education, ROTC, marching band, and other activities with exertion or risk of contact.

Section 5 - Roles & Responsibilities

5.1 Certified Athletic Trainer (AT)

- Provides on-site evaluation of suspected concussion for athletes.
- Communicates findings and recommendations to the family, RN, AD, coaches, and physicians as appropriate.
- Documents injuries and daily progress in the athletic medical record system.
- Supervises the in-season interscholastic athlete RTP progression once the student is ready to begin RTP. Note: ATs are not responsible for RTP/clearance for out of season or non-interscholastic athletes.
- Collaborates with the RN and counselor on school-day accommodations and scheduling of RTL/RTP phases.
- Educates athletes and coaches annually on concussion signs, symptoms, and reporting.

5.2 Building Registered Nurse (RN)

- Serves as the central point of contact for all student concussions in the building.
- Adds and removes medical alerts in the student information system for concussion.

- Performs daily symptom checks for students on RTL.
- Maintains concussion paperwork in the school health file and ensures forms are complete.
- Communicates with counselors/teachers about the student's RTL phase and needed accommodations.
- Advises when medical documentation is needed or expiring. Note: While in concussion protocol, students must provide updated physician notes every 4 weeks to show continued medical care for their prolonged condition.
- If updated physician notes are not provided every 4 weeks during protocol, students will be removed from protocol, and all academic accommodations will end.
- Ensures a medical clearance note is obtained from a licensed provider (MD, DO, PA, NP) before starting RTP with AT staff (for in-season interscholastic athletes), or before being cleared for PE/driver's education/ ROTC/ marching band (for all non-athlete students).

5.3 Administrators/Athletic Director

- Support and enforce the requirement that no student returns to sports or PE without proper medical clearance and completion of RTP (in-season interscholastic athletes only).
- Ensure coaches and staff are trained annually on concussion procedures.
- Assist with communication to families in complex or prolonged cases.
- Help resolve conflicts related to concussion injury or care.

5.4 Teachers & PE Teachers

- Review the student's current RTL phase and follow the suggested classroom strategies.
- Reduce workload and adjust due dates as outlined in RTL phases.
- Limit visual/auditory load (screens, bright lights, noisy environments) according to student tolerance.
- Send the student to the RN if symptoms worsen during class.
- PE teachers: restrict physical activity until fully cleared.

5.5 School Counselors/Student Support Teams

- Monitor the student's grades, stress level, and emotional health during recovery.
- Help create a plan for make-up work, testing, and schedule adjustments.
- Consult with families and the RN/AT about other academic accommodations if symptoms are prolonged.
- Bring prolonged or complex concussions to the Student Support Team for problem-solving.

Section 6 - Return to Learn (RTL) Protocol

Return to Learn focuses on gradually increasing the student's cognitive load (school work, reading, screens) without making symptoms significantly worse. Students may enter at any phase based on physician guidance and/or RN/AT judgment. Movement between phases is individualized, but must have a minimum 24 hour period between each phase.

General rules:

- If symptoms increase significantly, back down to the previous successful phase.
- For the cumulative amount of days spent in Phases 1–3, the student has at least that many days to make up missed work.
- RTL can progress even if the student has mild symptoms, as long as they are improving overall.

RTL Phase 0 - Initial Rest (Usually 24–48 Hours)

Characteristics:

- Student is at home, focusing on rest and symptom control.
- No school attendance. Avoid heavy screen use, homework, and prolonged reading.

Progress to Phase 1 when the student can tolerate light mental activity at home without a big spike in symptoms.

RTL Phase 1 - Partial Day, Very Light School Demands

Characteristics:

- Student may attend a shortened school day (for example, 1–3 classes) as tolerated.
- No tests, quizzes, or graded classwork.
- Copy of notes provided; student is not responsible for note-taking (communicated by counselor to teachers).
- Flexible rest breaks in designated room as needed.
- Avoid loud areas (pep rallies, assemblies); cafeteria alternatives may be needed.

Progress to Phase 2 when the student tolerates this schedule for at least 1 day with manageable symptoms.

RTL Phase 2 - Full Day with Reduced Workload

Characteristics:

- Student attends a full school day, but with reduced homework and classwork.
- Tests and quizzes may be postponed or shortened; alternative formats allowed.
- Prefer paper assignments or low-stimulation tasks if screens trigger symptoms.
- Quiet space available during passing periods or when symptoms flare.

Progress to Phase 3 when the student can complete most of the day's work with only mild, improving symptoms.

RTL Phase 3 - Full Day, Near-Normal Workload

Characteristics:

- Student is attending full days without needing frequent rest breaks.
- Tests and quizzes are reintroduced with extra time or small-group setting as needed.
- Homework load moves closer to normal but may still be prioritized (essential work first).

Progress to Phase 4 when the student completes several days (at the discretion of school nurses) at this level without symptoms worsening.

RTL Phase 4 - Full Academic Load

- Student has returned to a normal schedule and workload with no significant symptom increase.
- At this stage, remaining supports are removed.
- Student may resume attending but not participating in practices/games with team.

For in-season interscholastic athletes: once phase 4 is stable and the student is medically appropriate, AND the student has a medical clearance note on file, the RN may clear the student from RTL and to begin the RTP progression with the AT staff. Students may not begin RTP until documentation of seeing a licensed provider (MD, DO, PA, NP) is provided.

For non-athlete students: once phase 4 is stable and the student is medically appropriate, the student must provide medical clearance (MD, DO, PA, NP) in order to return to PE/driver's education, ROTC, and marching band.

Section 7 - Return to Play/Sports (RTP) Protocol

RTP is a stepwise increase in physical activity. Each step generally takes at least 24 hours. If symptoms worsen at a given step, the student returns to the previous step for at least 24 hours before trying again.

The student must:

- Have medical clearance from a licensed provider (MD, DO, PA, NP) to begin RTP.
- Be tolerating regular school days (RTL Phase 3–4).
- Be symptom-free or have only minimal, stable symptoms at rest and with light activity.

RTP Step 1 - Symptom-Limited Activity

Light daily activities at home or school that do not significantly increase symptoms (for example, walking around school).

RTP Step 2 - Light- Moderate Aerobic Exercise

Examples:
- Walking or stationary cycling at slow to moderate pace.
- No resistance training, no jumping, no sprinting.

Goal: increase heart rate slightly without symptom flare.

RTP Step 3 - Sport-Specific Exercise (No Contact)

Examples (sport dependent):
- Jogging, light running, changes of direction.
- Individual skill drills without risk of contact.

RTP Step 4 - Non-Contact Training Drills

More intense training that includes conditioning and complex drills, still with no contact.

Examples:
- Full-speed drills, running one sided plays, anything with no contact.

RTP Step 5 - Full Contact Practice

Student returns to normal practice with contact under supervision of AT and coach. Coaches and AT monitor closely for any recurrence of symptoms.

RTP Step 6 - Return to Competition

Full clearance to games, scrimmages, and unrestricted physical education.
In-season interscholastic athletes will complete RTP under direct supervision of the AT. AT will notify RN staff when RTP is completed. RN will then notify student's teachers that RTP has been completed and student may resume all normal classroom/school activities.

Section 8 - Documentation & Communication

- Every suspected concussion should generate a Head Injury or Concussion Parent/ Guardian Notification form.
- RN maintains concussion-related medical documentation in the student health file; AT maintains athletic medical records.
- RN places a concussion alert in the student information system and removes it once the student is fully cleared.
- Teachers, PE teachers, AT, RN, counselor, and AD should be included in email updates when the student changes RTL/RTP phase.

- For non-athlete students: final clearance for full return to PE/driver's education/ ROTC/ marching band requires: (a) completed RTL progression, and (b) medical clearance (MD, DO, PA, NP) note on file.
- For in-season interscholastic athletes: final clearance for full return to sports and PE/driver's education/ROTC/ marching band requires: (a) completed RTL progression, (b) medical clearance (MD, DO, PA, NP) note on file, and (c) completed RTP progression.

Section 9 – Special Situations

9.1 Student Ending the School Year on RTL/RTP

If a student finishes the year still on concussion accommodations: RN sends a year-end concussion letter to parents explaining what is needed for fall clearance.

At the start of the next school year the student will either:
- Provide a medical note (MD, DO, PA, NP) clearing them fully, or
- Resume an appropriate RTL/RTP phase based on updated medical guidance.

9.2 Prolonged or Complex Recovery

If a student remains significantly symptomatic for more than 3–4 weeks, or has multiple concussions in one year, the case should be referred to the Student Support Team.

Consider:
- Referral to a concussion specialist or multidisciplinary clinic.
- Other academic accommodations for longer-term academic support.
- Counseling support for mood, anxiety, or adjustment issues related to injury.

Appendix A - Red Flag Symptoms (Call 911)

If a head injury occurs and any of these are present at school, call 911 first, then notify the Building RN and administrator, and contact the parent/guardian:

- Severe headache.
- Repeated vomiting.
- Seizure or convulsions.
- Slurred speech or difficulty speaking.
- Weakness or numbness in the arms or legs.
- Unequal pupils or one pupil much larger than the other.
- Loss of consciousness (any duration).
- Increasing confusion, agitation, or unusual behavior.
- Inability to recognize people or places.
- Neck pain with midline tenderness after trauma.

Appendix B - Teacher RTL Cheat Sheet (Short Version)

Phase 1 - Very Light:
- No tests or quizzes.
- Provide notes or slide printouts.
- Allow sunglasses or hat if light-sensitive.
- Rest breaks as needed in designated room.

Phase 2 - Reduced Workload:
- Shortened assignments; prioritize essential work.
- Avoid long reading or heavy screen use if symptomatic.
- Extended time on assignments and quizzes.

Phase 3 - Near Normal:
- Return to normal content, with flexible deadlines as needed.
- Regular tests with extra time or quiet setting if requested.

Phase 4 - Normal:
- Return to standard expectations and grading.

Appendix C - QR Code Index

Each QR code can be printed and posted in the athletic training room, nurse's office, and on staff handouts.

Parent/Guardian Concussion Protocol Information Form:

Parent/Guardian Concussion Notification Form:

Parent/Guardian Head Injury Notification Form:

Concussion Symptom Tracking Sheet:

SCAT6/Concussion Sideline Tool:

Concussion Return to Full Athletic Participation Consent Form:

Concussion Return to Play Progression Form:

Student & Parent/Guardian Agreement to Participate:

Concussion Information Sheet: