

## **Saint Bede Academy – Youth Sports Concussion Safety Act 99-0245**

In August, 2015 Governor Bruce Rauner signed into law the Youth Sports Concussion Safety Act which requires all public school districts, charter schools, and private schools with students participating in interscholastic athletic activities to develop protocols for handling concussions. The Safety Act requires protocols to be in place for the 2016-2017 School Year.

The law called for the formation of a Concussion Oversight Team within each school consisting of certain members associated with the school. Serving on the committee for Saint Bede Academy is the Athletic Director, Guidance Counselor, 2 faculty members, the athletic training staff (provided by Saint Margaret's Hospital) and a physician with experience in traumatic brain injuries. This committee has formed the materials contained within to aid all interested parties in the treatment of all students, not just athletes, who have been diagnosed with a concussion or TBI, traumatic brain injury.

The information included here is designed to be a part of all school Emergency Action Plans so it is readily accessible. It is also designed to provide our families with assurances that steps are in place to handle a child who has been diagnosed with a TBI while attending Saint Bede Academy.

The new law requires the identification of an individual responsible for compliance with the return-to-learn and return-to-play/sport protocols within the school. The Concussion Oversight Team has identified the Guidance Counselor as that responsible individual. In cases involving the return-to-sport protocol, the Athletic Director will be charged with informing the Guidance Counselor of the RTS protocol in the event the student-athlete will need academic accommodations in the future.

All parties (students, teachers, coaches, parents, etc.) need to be communicative for an effective action plan to aid in the recovery from a TBI. Not all contact to an individual will result in a concussion but awareness and recognition of the symptoms of a concussion, or TBI, can go a long way to timely and proper care for every individual.

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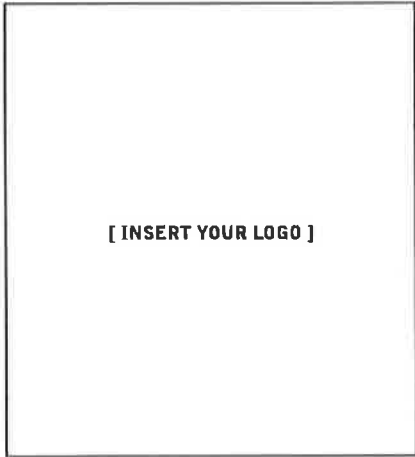
# CONCUSSION INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.



## HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### SIGNS OBSERVED BY PARENTS OR COACHES

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

### SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

## WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

## WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

## HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - » Work with their coach to teach ways to lower the chances of getting a concussion.
  - » Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - » Ensure that they follow their coach's rules for safety and the rules of the sport.
  - » Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



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# A Fact Sheet for HIGH SCHOOL PARENTS



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

## How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

### Symptoms Reported by Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



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## GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

**Concussions affect each teen differently.** While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## Plan ahead.

What do you want your teen to know about concussion?

## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

## What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your teen's health care provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

➤ Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.

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## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

### DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

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**"IT'S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON"**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

---

STUDENT-ATHLETE NAME PRINTED

---

STUDENT-ATHLETE NAME SIGNED

---

DATE

---

PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

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# A Fact Sheet for HIGH SCHOOL ATHLETES

## HEADS UP CONCUSSION

### WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

### WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?



**REPORT IT.** Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

**GET CHECKED OUT.** If you think you have a concussion, do not return to play on the day of the injury. Only a health care provider can tell if you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



#### **GIVE YOUR BRAIN TIME TO HEAL.**

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

### WHY SHOULD I TELL MY COACH AND PARENT ABOUT MY SYMPTOMS?



- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.



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#### **GOOD TEAMMATES KNOW:**

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

## HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:



..... **Get a headache**



..... **Feel dizzy, sluggish or foggy**



..... **Be bothered by light or noise**



..... **Have double or blurry vision**



..... **Vomit or feel sick to your stomach**



..... **Have trouble focusing or problems remembering**



..... **Feel more emotional or "down"**



..... **Feel confused**



..... **Have problems with sleep**

Concussion symptoms usually show up right away, but you might not notice that something "isn't right" for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

## HOW CAN I HELP MY TEAM?



### **PROTECT YOUR BRAIN.**

Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.



### **BE A TEAM PLAYER.**

You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

*The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.*



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To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

# CONCUSSION FACT SHEET FOR ATHLETES



## CONCUSSION FACTS

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and until a health care professional says you are OK to return to play.



## CONCUSSION SIGNS AND SYMPTOMS

Concussion symptoms differ with each person and with each injury, and may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

## WHY SHOULD I REPORT MY SYMPTOMS?

- Unlike with some other injuries, playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery and a delay in your return to play.
- While your brain is still healing, you are much more likely to have another concussion.
- A repeat concussion in a young athlete can result in permanent damage to your brain. They can even be fatal.

[ INSERT YOUR LOGO ]

## WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

### **DON'T HIDE IT. REPORT IT.**

Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

### **GET CHECKED OUT.**

Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

### **TAKE CARE OF YOUR BRAIN.**

A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.



▶ **"IT'S BETTER TO MISS ONE GAME,  
THAN THE WHOLE SEASON."**

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## HEADS UP CONCUSSION ACTION PLAN



1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

**"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."**



Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

### SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall

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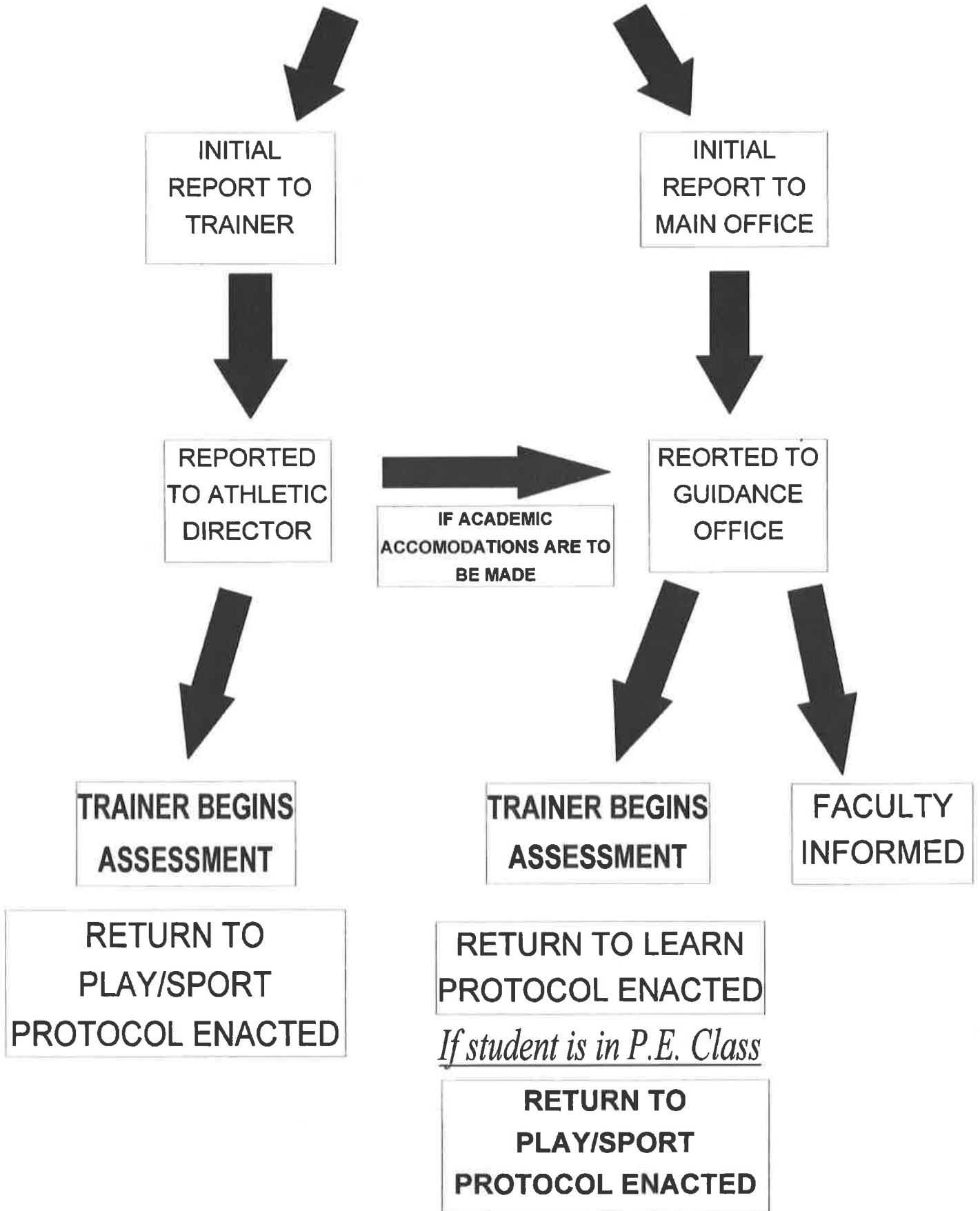
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>> [WWW.CDC.GOV/CONCUSSION](http://www.cdc.gov/concussion)

## Temporary Accommodations for Student-Athletes with Sports-Related Head Injuries

- Rest is the best “medicine” for healing concussions or other head injuries. The concussed brain is affected in many functional aspects as a result of the injury (memory, attention span, concentration and speed of processing significantly impacts learning). Further, exposing the concussed student-athlete to the stimulating school environment may delay the resolution of symptoms needed for recovery.
- Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries.
- Mental exertion increases the symptoms from concussions and affects recovery. To recover, cognitive rest is just as important as physical rest (reading, studying, computer usage, testing, texting – even watching movies if a student is sensitive to light/sound – can slow a student’s recovery). In accordance with the Centers for Disease Control’s toolkit on managing concussions boards of education may look to address the student’s cognitive needs in the following ways.
- Students who return to school after a concussion may need to:
  1. Take rest breaks as needed.
  2. Spend fewer hours at school.
  3. Be given more time to take tests or complete assignments. (All courses should be considered)
  4. Receive help with schoolwork.
  5. Reduce time spent on the computer, reading, and writing.
  6. Be granted early dismissal to avoid crowded hallways.

# STUDENT DIAGNOSED WITH CONCUSSION



**RETURN  
to  
LEARN  
PROTOCOL**

**pages 15 - 17**



Dear Teacher: \_\_\_\_\_ Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ is being treated for a concussion. Concussion is a brain injury. The date of the concussion is reported to have occurred on \_\_\_\_\_.

Symptoms of concussion may take as long as 72 hours to manifest. In addition, symptoms may subside during times of rest only to re-surface when the brain is stressed, either with physical activity or with cognitive activity. St. Bede Academy's Concussion Oversight Team (COT) (along with the student's own concussion specializing healthcare provider if involved) will lead the student's return to learn and return to play protocols. Given the complexity of recovery of the brain following a concussion, and observation of the student by an appropriate concussion specializing healthcare provider (MD or ATC), the student is considered to currently be at a ZONE \_\_\_\_\_.

The ZONE assigned based on student's most significant limitation in any one class. Definition is based on combination of physical and cognitive attendance. The Zone concept has been developed to support teachers in their recognition of the level of instructional modification that may be appropriate for a student based on their daily academic and social/physical evaluation within each class. The student is assigned the lowest ZONE any one teacher or concussion specialist determines based on observation and evaluation. A student may perform to pre-concussion ability with no instructional modifications in place in one or more classes, while struggling in a 3<sup>rd</sup> class, as each concussion will manifest differently in each student.

We will be asking for your input, perhaps multiple times, while they go through the recovery process. Please report any behavior, personality, or cognitive changes from what you would normally observe in this student to the parent or via the survey provided.

Screen time is defined as time looking at computer screens, smart boards, phones, tablets, Chromebooks, and other devices using a screen to project images.

Zone	Definition	Instructional Modification	Definition
<b>1</b> <b>RED</b>	No school Symptomatic at rest	<ul style="list-style-type: none"><li>• Not attending school</li><li>• Monitored at home by a guardian/parent</li><li>• No screen time at home</li></ul>	This student has suffered a concussion and should be currently resting both <i>cognitively and physically</i> at home. This student has been instructed to avoid all academic work and to avoid any symptom exacerbation. Upon return to your class, he/she may not have all assignments up to date and also will probably need to reduce the pace or quantity of work for several days. We will provide an update following their next evaluation. Upon return to school, the student and teacher will need to discuss any missed work and upcoming assignments to develop a plan that encourages gradual completion of assignments as recovery progresses. <b>Student can not move from this zone until cleared by a certified athletic trainer or medical physician.</b>

<p><b>2</b> <b>Orange</b></p>	<p>Limited school day Limited physical class attendance</p>	<ul style="list-style-type: none"> <li>● Student class attendance limited</li> <li>● Clear desk, meaning no written desk work (auditory only)</li> <li>● Limited class work</li> <li>● Extra time for tests/quizzes</li> <li>● Verbal assessment versus written</li> <li>● Peer note taking</li> <li>● Rest in quiet room for up to 20 minutes</li> <li>● Student may benefit from periodic breaks from active classroom participation (head down on desk or eyes closed not actively working, but actively listening)</li> <li>● No screen time</li> </ul>	<p>This student's return to learn is being led by SBA's COT and the student's own healthcare provider if involved and available. He/She may be attending partial school days and/or need to limit the amount of time in a particular class and will most likely not have completed some assignments</p> <p>Please develop and maintain a schedule for completing assignments. Please be observant of any changes in the student's physical or cognitive activity when he/she return to your class. Please communicate with the student about their progress so he/she can feel comfortable and confident about returning to school, participating in class, completing assignments and sharing information with you related to their recovery.</p>
<p><b>3</b> <b>Yellow</b></p>	<p>Student attends full day of school Limited class time with possible partial mental class attendance</p>	<ul style="list-style-type: none"> <li>● Classroom participation as tolerated</li> <li>● Clear desk or desktop only (provide smart board handouts to keep eyes focused on desktop)</li> <li>● Limited class work</li> <li>● Limited screen time</li> <li>● Student may need period of mental and/or physical rest within the classroom (head down in class or seated with eyes closed not actively working, but actively listening)</li> <li>● Emphasis on formative rather than summative assessments</li> <li>● Develop and maintain a schedule for completing assignments</li> </ul>	<p>This student will be attempting to complete a full school day but may need to limit time attending any class that causes concussion symptoms to resurface and/or intensity. Depending on the class content, time of day, and method of instruction, the instructional modifications may provide the greatest benefit to the student.</p> <p>Please continue communicating with the student regarding assignments, class participation and his/her overall recovery. Please contact the parent, Concussion Oversight Team member, and/or healthcare provider if you have any questions.</p>

<p><b>4</b> <b>Blue</b></p>	<p>Full class attendance (both mental and physical) with instructional modifications</p>	<ul style="list-style-type: none"> <li>• Student attends full class</li> <li>• Instructional modifications in use (Relevance of instructional modifications to be determined by the teacher as appropriate for each individual student's needs)</li> <li>• Increasing amounts of classwork/testing (including summative assessments)</li> <li>• Actively working on completing missed assignments</li> </ul>	<p>This student should be attending a full school day and be in attendance for and participating in the entire class period with minimal instructional modification in place.</p> <p>These instructional modifications may be utilized to reduce any residual concussion symptoms and foster the most appropriate learning environment during the final stages of the student's recovery. Please alert a COT member and parent if the student is not able to maintain classroom attendance due to concussion symptoms.</p>
<p><b>5</b> <b>Green</b></p>	<p>Full class without instructional modifications.</p>		
<p><b>Post</b></p>	<p>Follow up 1-3 weeks post return to unrestricted activity.</p>		

**RETURN  
to  
PLAY/SPORT  
PROTOCOL**

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## **2016 CONCUSSION PROTOCOL – RETURN TO PLAY/SPORT**

It is very important to gradually return to sport, play, or physical activity. Based on medical consensus, there is a five-day gradual return to sport. However, before beginning any return to sport, it is important the student athlete has been cleared to return by an approved health care practitioner. Also, the student should be attending school with no restrictions. Furthermore, the student absolutely has to be symptom free.

Moreover, it is important for an athlete's parent(s) and coach(es) to watch for concussion symptoms after each day's return to play progression activity. An athlete should only move to the next step if they do not have any new symptoms at the current step. If an athlete's symptoms come back or if he or she gets new symptoms, this is a sign that the athlete is pushing too hard. The athlete should stop these activities and the athlete's medical provider should be contacted. After more rest and no concussion symptoms, the athlete can start at the previous step. All return to sport steps need to be monitored by an approved health care practitioner, or coach in the state of Illinois.

Below are the return to sport steps as in accordance with the CDC and NATA Position Statement on Concussion Management:

### **Baseline: Back to School First**

Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has the green-light from their health care provider to begin the return to play process.

### **Step 1: Light aerobic activity**

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 20 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

Example: Use a treadmill, bike, or elliptical to perform 20 minutes of straight, concurrent, light cardio activity. The student should be able to maintain a conversation the entire time. If machines are not available, the student can power walk, or jog indoors or outdoors for 20 minutes. Make sure the student is consistently monitored.

## **Step 2: Moderate, non-contact activity**

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Example: Again, use a treadmill, elliptical, gym or outdoor space to perform a 30-20-10 workout. This includes 30 seconds of light jogging, 20 seconds of moderate jogging, 10 seconds of heavy, intense running. Do this for 5 minutes. Break for 3 minutes. Repeat the workout for another 5 minutes. Return to weightlifting, but limit weight to 60% max.

## **Step 3: Heavy, non-contact activity or practice**

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills and full non-contact practice.

Example: Student can practice fully in a non-contact capacity. This excludes drills in which the student can receive another head injury. Student can also return to normal weight lifting. If the student is not in a competitive season, they may double up on the 30-20-10 workout listed above.

## **Step 4: Full contact practice**

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

Example: If not in a competitive season, no physical activity restrictions after this point. Student can return to normal physical education and activities of daily life.

## **Step 5: Competition**

Student may compete fully in all competitive activities.

**Student will be fully cleared and discharged from care if no signs and symptoms arise during or following competition.**

**Remember, the student needs to be monitored during and after each step in the return to sport process. If any signs or symptoms arise, the student needs to immediately stop the activity and rest. Student will move back to the previous step after all signs and symptoms dissipate. After each step, the student needs to fill out a sign and symptom sheet as well as provide written confirmation stating they have no signs and symptoms.**

**Below is the student's return to sport form:**

**Gradual Return to Play Concussion Protocol**

**(Adapted from IHSA, CDC guidelines, and NATA Position Statement on Concussion Management)**

Protocol will be carried out by a certified athletic trainer. In cases in which an athletic trainer may not be able to see the athlete consecutive days, the coach may assist the athletic trainer. Each step will be dated and initialed by the athlete and coach or certified athletic trainer.

\*If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard. The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

**Date/Athlete signature/coach/ATC signature**

\_\_\_\_\_ **Baseline:** Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

\_\_\_\_\_ **Step 1: light aerobic exercise only.** IE jogging, walking, biking, elliptical. 20 minutes of straight light activity. Student should be able to talk while performing the activity.

\_\_\_\_\_ **Step 2: moderate, non-contact activity.** IE 30-20-10 workout. Also, may weightlift at 60% max.

\_\_\_\_\_ **Step 3: heavy non-contact activity and practice.** Student may return to a full non-contact, controlled practice. Also, may begin to work into a normal weight room routine.

\_\_\_\_\_ **Step 4: full contact.** Full, controlled, activities may resume in practice, physical education, and

\_\_\_\_\_ **Step 5: Athlete may return to competition.**

***I \_\_\_\_\_, along with my parent/guardian \_\_\_\_\_ ensure that I have successfully completed each step of the return to sport protocol following concussion sign and symptom free. Date: \_\_\_\_\_***