

SS CYRIL AND METHODIUS
CONCUSSION POLICY AND
PROCEDURE HANDBOOK

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SS Cyril & Methodius Catholic School Concussion Policy and Procedures

This handbook was developed in response to SB 07 (Public Act 99-245). The legislation amends the School Code and is a requirement for all schools. The law is as follows:

- Each school board in the State of Illinois shall adopt a policy regarding student athlete concussion and head injuries that are in compliance with the protocol, policies and by-laws developed by the Illinois High School Association (IHSA).
- Information on the Athletic Board's concussion and head injury policy must be a part of any agreement, contract, code or other written instrument that a school district requires a student-athlete and his/her parent(s) or guardian to sign before participating in practice or interscholastic competition.
- Each school shall use education materials provided by the IHSA to educate coaches, student-athletes, parents/guardians of student-athletes and school administrative and academic staff about the nature and risks of concussions and head injuries, including continuing play after a concussion or head injury.
- The formation of the Concussion Oversight Team (COT) at schools with interscholastic athletics. The COT's primary function will be to develop a "Return to Learn" and "Return to Play" protocol for students believed to have suffered a concussion
- No later than September 1, 2016, all interscholastic coaches will need to complete a certified training program of at least two hours on concussions, and will need to provide proof of that certification upon the completion of the course. This training must be completed every two years. The Concussion training will be provided by the Illinois Elementary School Association (IESA).
- Public, Private and Charter schools must also develop a school-specific emergency action plan for interscholastic athletic activities to address the serious injuries and acute medical conditions in which the condition of the student may deteriorate rapidly.
- Elementary schools with interscholastic athletics will now be required to follow concussion management actions specified by the state.

Concussion Policy Overview

The following documents represent the Concussion Policy. This policy is intended to be read and reviewed by all participants in any and all sports, clubs, intramurals and/or camps offered by SS Cyril & Methodius Catholic School. Those that should review these materials include: all student participants, parent/guardians, all coaches, and other persons that assist in training. In addition, all teachers and school administrators will be required to review these materials as well.

Parents/Guardians and Students

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

Coaches and Supervisory Staff

1. Read and review this document and any other concussion related-documents that are provided.
2. As a State Requirement, you are mandated to take a Concussion Awareness Course provided by the IESA
 - a. Upon successfully completing the test, please save a copy of you Certificate of Completion
 - b. The Certificate is valid for two years
 - c. Send the Certificate of Completion to your Athletic Director
 - d. This certificate will be placed in your personal file

Concussion Guidelines

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

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

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

What are the Signs and Symptoms of a Concussion?

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

SYMPTOMS AND DANGER SIGNS

EMOTIONAL SIGNS

- Irritable
- Sad
- More emotional than usual
- Nervous

THINKING/REMEMBERING

- Difficulty thinking clearly
- Difficulty concentrating /loss of memory
- Feeling slowed down
- Feeling hazy, foggy, or sluggish

SLEEP

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Trouble falling asleep

PHYSICAL

- Headache or pressure in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or tired – Blurred or double vision
- Sensitivity to light or noise

SIGNS OBSERVED BY SCHOOL/ATHLETIC STAFF

- Appears dazed or stunned
- Confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the injury
- Can't recall events after the injury
- Loss of consciousness (a partial or complete loss of consciousness with interruption of awareness of oneself and ones surroundings)
- Personality or behavioral changes

DANGER SIGNS

If symptoms worsen over time, the student should be seen by a physician

- **Repeated vomiting or nausea**
- **Drowsiness or cannot be awakened**
- **Headache(s) that get worse**
- **Weakness, numbness or decrease in coordination**
- **Slurred speech – Increased confusion – relentless or agitated**
- **Seizure**
- **Loss of consciousness (pass out even briefly) – change in pupils**

Removal and Return to Play

Any player who exhibits signs, symptoms or behaviors consistent with a concussion shall be immediately removed from a game or practice and shall not return to play until cleared “in writing” by a licensed health care professional. {For the purpose of this policy, licensed health care professional means physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers}. If a health care professional is not immediately available at the athletic event or practice, and an injured student athlete is experiencing any of the described signs/symptoms/behaviors of a concussion, the student athlete’s parent/guardian, will be contacted immediately, so that parent/guardian can take the student athlete to a facility for appropriate medical evaluation and care

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

- Coach
- Game Official
- Student athlete’s parent/guardian
- Student athlete
- Legal authority to make medical decisions (physician, nurse, athletic trainer)
- On site Athletic Board Member
- A St. Cyril & Methodius School Administrator

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

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

Return to Learn Policy

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

Phase 1: No School/Complete Cognitive and Physical Rest

Symptoms Severity: In this phase, the student may experience high levels of symptoms that prohibit the student benefiting from school attendance and may cause symptoms to increase in intensity. During this stage, physical symptoms tend to be most prominent and may interfere with even basic daily tasks. Many students are unable to tolerate being in the school environment due to severe headache, dizziness or sensitivity to light or noise.

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

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

Interventions:

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

The student and the parent/guardian shall both sign the IESA Post-Concussion

IESA Post-Concussion Consent Form (Exhibit B)

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

Phase 2: Part-Time School Attendance with Accommodations

Symptoms Severity: In this phase, the student's symptoms have decreased to manageable levels. Symptoms may be exacerbated by certain cognitive activities that are complex or of long duration. Often students can do cognitive activities, but only for very short periods of time (5-15 minutes) and need frequent breaks to rest.

Parents/Guardians

- Please communicate with Teachers, Athletic Director and School Principal prior to sending your student back to school
- Meet with the Principal or his/her designee upon return to school
- The initial goal is to make sure the student can tolerate the school environment without worsening symptoms. This means the first few days often include just sitting in class and listening. Once the student can tolerate this, he/she can try short intervals (5-15 minutes) of cognitive work per class. Again, determining how much is too much is a trial and error process.
- Avoid environments and tasks that trigger or worsen symptoms.

Accommodations as needed:

- Part-time school attendance, with focus on the core/essential subjects and/or those which do not trigger symptoms; prioritize what classes should be attended and how often
- Half-days, alternating morning and afternoon classes every other day as needed
- Allow student to lay head down on desk, if needed
- Listen to lectures only. No note taking or reading. Share notes and outlines from teachers and classmates
- No quizzes, tests, projects or papers
- Eliminate any nonessential work
- Minimal or no homework
- Pass early to avoid noise in the hallway, eat lunch in a quiet place with a friend
- Avoid athletic and gymnasium events
- Avoid cafeteria, band, choir
- Avoid florescent lighting and/or move to an area of classroom with low-lighting
- May need to limit exposure to power point/movies due to possible light sensitivity
- No Physical Activity

Phase 3: Full-Day Attendance with Accommodation

Symptom Severity: In this phase, the student's symptoms are decreased in both number and severity. They may have intervals during the day when they are symptom-free. Symptoms may still be exacerbated by certain activities.

Treatment: As the student improves, gradually increase demands on the brain by increasing the amount, length of time and difficulty of academic requirements, as long as this does not worsen symptoms.

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

Additional Accommodations as needed:

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

Phase 4: Full Day Attendance with Minimal Accommodations

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

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

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

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

Intervention: Before returning to physical education and/or sports, the student should receive written clearance and complete step-wise return-to-play (RTP) progression as indicated by the licensed healthcare professional. A student participating in an interscholastic sport, must be cleared by their physician. A student who is in Physical Education (PE) and not participating in an interscholastic sport must also be cleared by their physician in order to return to PE, and must follow any guidelines provided.

Treatment: No accommodations needed

Information obtained: Ann and Robert H. Lurie Children's Hospital of Chicago, Institute for Sports Medicine CDC Heads Up to Youth Sports Brain Injury Alliance Washington, Reap Manual Nebraska Sports Concussion Network Youth Sports Concussion Safety Act (Public Act 099-0245)

Return to Play Policy

Return to Learn

Return to Learn Protocol

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

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

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

These steps have been completed and monitored by:

Parent: _____

Date: _____

Phone Number: _____

Cognitive Activity Monitoring (CAM) Log

Name: _____ **Parent/Teacher:** _____

Date: _____
Time: _____

	Home						
Location (Circle one)	School						

Cognitive Activity

Duration

Symptom (Pre/Post)	Rate 0/10						
Headache	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Fatigue	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Concentration	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Problems	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Irritability	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Fogginess	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Light/Noise	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Pre-Post Difference	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /

Cognitive

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

Physical

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

Emotional

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

Sleep

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

Recommendations for Accommodations

If symptoms do not improve, work with academic staff to create a service plan and follow up with a physician (neurologist if possible)

Graded Return to Play Procedure

Step 2: Light Aerobic Activity – Only to increase an athlete’s heart rate. **No weight lifting.**
5-15 minutes on: Exercise Bike _____ Walking _____ Light jogging _____

Date: _____ Witnessed (Adult) _____

Step 3: Sport-specific training – (**No Head Impact**) Goal: Limited body and head movement
15-20 minutes: Moderate-intensity exercise (bike) _____ or Moderate jogging _____
or moderate – intensity weightlifting _____

Date: _____ Witnessed (Adult) _____

Step 4: Non-contact training drills. Date _____
Witnessed (Adult) _____

Step 5: Full contact practice. Student-athlete may return to practice and full contact (if appropriate for the sport) in a controlled practice. Date _____ Witnessed (Adult) _____

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

If a student-athlete’s symptoms comes back, or gets new symptoms when becoming more active at any step, this is a sign that the student-athlete is pushing himself/herself to hard. The student-athlete should stop these activities and his/her healthcare provider should be contacted. After further rest and no concussion symptoms, the student-athlete should begin at Step 1 again.

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

_____ (Print) _____ Parent Signature

_____ (Print) _____ Student Signature

_____ (Print) _____ A.D. Signature

Date: _____

Concussion Oversight Team (COT)

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

At a minimum, a school shall appoint a person who is responsible for implementing and complying with the "Return to Play" and "Return to Learn" protocols adopted by the concussion oversight team. A school may appoint other licensed healthcare professionals to serve on the COT.

Concussion Oversight Team (COT) SS. Cyril & Methodius

- 1. Shirley Tkachuk (Principal)**
- 2. Bob Villasenor (Athletic Director and Physical Education Instructor)**
- 3. Rick DiBartelo (Athletic Commission Member/Basketball Coordinator)**
- 4. Beth Beranek (Emergency Department)**
- 5. Sandra Weszelits (Advanced Practice Registered Nurse, Certified Pediatric Nurse Practitioner – Advisor to the COT)**

Educational Materials

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

Coaches:

- Concussion Fact Sheet for Coaches (Exhibit C)

<http://www.cdc.gov/headsup/pdfs/custom/headsupconcussionfactsheetcoaches.pdf>

All coaches must complete the following training seminar:

- Log on to the IESA website: <http://www.iesa.org>
- Click on MEMBER LOGIN (top left corner)
- Scroll down to your school (City School Name)
- Type in your password (provided by your Athletic Director) Proceed to login
- Select Concussion Certification
- Section A has a number of videos and documents for your review
- Section B is the test
- When logging on for the test it will ask you to enter your name, email address and school
- Complete the test and submit
- Save and print the results page for your files
- Send a copy of your certificate completion to your Athletic Director

Parents:

- Concussion Fact Sheet for Parents (Exhibit D)

<http://www.cdc.gov/headsup/pdfs/custom/headsupconcussionfactsheetforparents.pdf>

Student Athletes:

- Concussion Fact Sheet for Student Athletes (Exhibit E)

<http://www.cdc.gov/headsup/pdfs/custom/headsupconcussionfactsheetformiddleschoolathletes.pdf>

Game Officials:

- Concussion Fact Sheet for Game Officials (Exhibit F)

<http://www.cdc.gov/headsup/pdfs/custom/headsupyouthsportsofficials-a.pdf>

Information obtained from: <http://www.cdc.gov/concussion/Headsup/Training/index.html> Document obtained from <http://www.ihsa.org/documents/forms/current/EmergencyActionPlanForm.pdf> (Exhibit G)

Parent & Student Athlete Agreement

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

Parent Agreement:

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

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

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

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

Parent/Guardian

Signature _____ Date _____

Athlete Agreement:

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

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

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

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

Athlete Signature _____ Date _____

