

# Lisbon District #90

## Student Concussions and Head Injuries

The Superintendent or designee shall develop and implement a program to manage concussions and head injuries suffered by student athletes. The program shall:

1. Comply with the concussion protocols, policies, and by-laws of the Illinois High School Association, including its Protocol for NFHS Concussion Playing Rules and its Return to Play Policy. These specifically require that:
  - A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.
  - A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
  - If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.
2. Inform student athletes and their parents/guardians about this policy in the Agreement to Participate or other written instrument that a student athlete and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition.
3. Provide coaches and student athletes and their parents/guardians with educational materials from the Illinois High School Association regarding the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury. Materials may be found at [www.ibsa.org/Resources/SportsMedicine/ConcussionManagement.aspx](http://www.ibsa.org/Resources/SportsMedicine/ConcussionManagement.aspx)
4. Include a requirement for staff members to notify the parent/guardian of a student who exhibits symptoms consistent with that of a concussion.

## Students

### Administrative Procedure-Program for Managing Student Concussions and Head Injuries

#### Definitions

**Concussion-** A type of traumatic brain injury caused by a bump, blow, or jolt to the head that alters the way the brain normally functions. A concussion can also occur from a blow to the body that causes the head to move rapidly back and forth. These injuries may or may not cause a loss of consciousness. See Concussion in Sports, [www.edc.gov/concussion/sports/index.html](http://www.edc.gov/concussion/sports/index.html). This site contains excellent resources for recognition, response, and prevention of concussions. The Illinois High School Association (IHSA) website contains comprehensive resources that State law requires schools use to educate coaches, student athletes, and parents/guardians. These are available at:

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/SchoolResources.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/SchoolResources.aspx)

**Student Athlete-** A student who has participated in one or more practices and/or interscholastic athletic contests in any sport offered by or under the auspices of a high school. This definition is from the IHSA's by-laws, [www.ihsa.org/AbouttheIHSA/ConstitutionBylawsPolicies.aspx](http://www.ihsa.org/AbouttheIHSA/ConstitutionBylawsPolicies.aspx). All Illinois school boards, even those that currently have no student athletes, are required to adopt a student athlete concussion and head injury policy that is in compliance with IHSA protocols, policies, and by-laws (105ILCS 5/10-20.53, added by P.A. 97-204). This administrative procedure implements Lisbon Board policy, Student Athlete Concussions and Head Injuries.

#### **ACTOR**

#### **ACTION**

Superintendent or designee:

Identify the staff members who are responsible for student athletes, including building Principals, and require that they comply with IHSA concussion protocols, policies, and by-laws, including its Protocol for NFHS Concussion Playing Rules, and its Return to Play Policy. Available at:

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/SchoolResources.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/SchoolResources.aspx).

Hold the identified staff members responsible for implementing this procedure.

Building Principals:

Instruct coaches, trainers, and other staff members who are responsible for student athletes to review and abide by the IHSA protocols, policies, and by-laws regarding concussions and head injuries. Available at:

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx).

Require that:

1. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (e.g., loss of consciousness, headache, dizziness, confusion, or balance problems) in a practice or game is removed from participation or competition at that time.
2. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury is not allowed to return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
3. If not cleared to return to that contest, a student athlete is not allowed to return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.

Place all written information concerning an injury to a student athlete, including without limitation, a return-to-play clearance from a student's physician or an athletic trainer, in the student's school student record.

**Building Principals, Coaches and Trainers (and other staff members who are responsible for student athletes)** Inform student athletes and their parents/guardians about Lisbon Board Policy, Student Athlete Concussions and Head Injuries by referring to it in Agreement to Participate, or other agreement, contract, code, or written instrument that a student athlete and his or her parent/guardian are required to sign before the student is allowed to participate in a practice or interscholastic competition.

Inform student athletes and their parents/guardians about concussions and head injuries by:

1. Giving them a copy of the IHSA Concussion Information Sheet at the time they sign the Agreement to Participate, or other agreement, contract, code, or written instrument that a student athlete and his or her parent/guardian are required to sign before the student is allowed to participate in a practice or interscholastic competition. The Concussion Information Sheet, also known as Sign off (DOC), is at [www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx).
2. Use educational material provided by IHSA to educate student athletes and parents/guardians about the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury. See [www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx). The Center for Disease Control and Prevention offers free printed educational materials on concussions that can be ordered or downloaded and distributed to parents, students, and coaches. Available at [www.cdc.gov/concussion/](http://www.cdc.gov/concussion/).

Follow the IHSA concussion management guidelines. Available at:

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx). These guidelines, in summary, require that:

1. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (e.g., loss of consciousness, headache, dizziness, confusion, or balance problems) in a practice or game shall be removed from participation or competition at that time.
2. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
3. If not cleared to return to that contest, a student athlete may not return to play or participate until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.

Prior to re-entry to the athletic program, or to school, or to participate in any school sponsored activity the following must be completed:

- a. Physician or certified trainer's release for the student to return to practice, to school, and to the classroom environment (in writing).

- b. Post-concussion consent form must be completed and returned to the school (see attached).
- c. School recommendations form must be completed by the physician or licensed trainer and reviewed by the school concussion committee (see attached).

**Concussion committee members:**

School Superintendent; A.D./Teacher/Coach Mr. McKinney;  
Teacher/Coach Kris DeGraaf; and Teacher/Coach Karin Myre.

## **Learn concussion symptoms and danger signs.**

### **Available at:**

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/CoachingResources.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/CoachingResources.aspx).

Understand before the season begins how to respond if a student athlete exhibits signs, symptoms, or behaviors consistent with a concussion (e.g., loss of consciousness, headache, dizziness, confusion, or balance problems) in a practice or game.

Do not assess a head injury; instead take the student athlete out of play and seek the advice of a health care professional.

Inform the student athlete's parent/guardian about a possible concussion and give the parent/guardian a fact sheet on concussion.

### **Available at:**

[www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx](http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx).



Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Year in School 4 5 6 7 8

**By signing below, I acknowledge the following:**

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), the written statement of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA) and, if any, the return-to-play and return-to-learn recommendations of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA), as the case may be.

Student's Signature \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian/s Signature \_\_\_\_\_

**For School Use only**

Written statement is included with this consent from treating physician, advanced practice nurse (APN), physician assistant (PA) or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return to play and return to learn.

**Cleared for RTL**

**Cleared for RTP**

Date \_\_\_\_\_

Date \_\_\_\_\_

**Academic/School Re-entry Protocol**  
**Lisbon CCSD #90**  
**127 S. Canal St.**  
**Newark, IL 60541**  
**815-736-6324**

School Recommendations

Patient Name \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

Date for Student to Return to School \_\_\_\_\_

Provider's Signature \_\_\_\_\_

This patient has been diagnosed with a concussion and is currently under our care. Please excuse the patient from school today due to a medical appointment, it is suggested that the following recommendations be implemented to avoid increasing concussion symptoms and delaying recovery.

---

Please allow the following academic recommendations from \_\_\_\_\_ to \_\_\_\_\_  
Please see reverse side for additional information.

**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

**Visual Stimulus**

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

**Workload/Multi-Tasking**

- Reduced overall amount of make-up work, class work and homework when possible
- No homework
- Limit homework to \_\_\_\_\_ minutes a night
- Prorate workload when possible

**Physical Exertion**

- No physical exertion/athletics/gym
- Begin return to play protocol prior to returning to gym or athletics

- Return to play under the following conditions and dates:

---

---

---

---

**Breaks**

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

**Audible Stimulus**

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

**Testing**

- No testing
- Extra time to complete tests
- No more than one test a day
- Oral testing
- Open book testing

**Additional Recommendations**

- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Symptoms List (the patient is complaining today of)**

- |   |   |
|---|---|
| <input type="checkbox"/> Headache                 | <input type="checkbox"/> Sensitivity to light     |
| <input type="checkbox"/> Fatigue                  | <input type="checkbox"/> Sensitivity to noise     |
| <input type="checkbox"/> Visual problems          | <input type="checkbox"/> Feeling more emotional   |
| <input type="checkbox"/> Dizziness                | <input type="checkbox"/> Irritability             |
| <input type="checkbox"/> Difficulty concentration | <input type="checkbox"/> Trouble falling asleep   |
| <input type="checkbox"/> Difficulty remembering   | <input type="checkbox"/> Drowsiness               |
| <input type="checkbox"/> Feeling slowed down      | <input type="checkbox"/> Sleeping less than usual |
| <input type="checkbox"/> Feeling mental foggy     | <input type="checkbox"/> Sleeping more than usual |
| <input type="checkbox"/> Balance problems         | <input type="checkbox"/> Nausea                   |

The patient has been scheduled for a follow-up medical appointment and revision of recommendation on \_\_\_\_\_.

**Additional Information**

---

---

---

---

---

# Lisbon Grade School

## Concussion Protocol: Return to Learn

**The attached plan form must be completed prior to the student returning to the academic setting.**

*Return to Learn Team:*

- **School Academic Team: School Superintendent; A.D./Teacher/Coach Mr. McKinney; Teacher/Coach Kris DeGraaf; and Teacher/Coach Karin Myre.**

### **Return-to-Learn Framework: Points of Emphasis:**

- To initiate the Return-to-Learn protocol, the student must be evaluated by a licensed healthcare professional and documentation must be provided to the school.
- The protocol emphasizes allowing the student to participate in school in a modified fashion so as not to worsen symptoms. Determining "how much is too much" may be a trial and error process.
- The student should be granted adequate time to complete missed academic work based on the amount of time needed for complete recovery.
- As the student's recovery progresses through the outlined phases, teachers should be prepared to apply "mastery learning" criteria within their subject matter. By identifying essential academic work, teachers can facilitate recovery by reducing the student's anxiety levels related to perceived volume of work that will be required once he/she is medically cleared to resume a full academic load.

**Lisbon Concussion ‘Return to Learn’ Plan**

**Student Name:** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

**Date of Concussion:** \_\_\_\_\_

**Phase 1: No school attendance (inclusive dates)** \_\_\_\_\_

**Avoid exacerbating activities (student and parent/guardian):** reading video games, computer use, texting, television, music, other

\_\_\_\_\_  
**(circle all that apply)**

**Phase 2: Part-time school attendant with accommodations. Date:** \_\_\_\_\_

**Necessary accommodations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phase 3: Full-day attendance with accommodations. Date:** \_\_\_\_\_

**Accommodations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phase 4: Full-day attendance without accommodations. Date:** \_\_\_\_\_

**Accommodations are removed when student can participate fully in academic work at school and at home without triggering symptoms.**

**Phase 5: Student cleared to participate in PE and sports. Date:**

\_\_\_\_\_

**Student’s Doctor’s signature** \_\_\_\_\_

### Phase 1: No School/Complete Cognitive Rest:

- **Symptom Severity:** In this phase, the student may experience high levels of symptoms that at best prohibit the student to benefit from school attendance and may cause symptoms to increase in intensity. During this stage, physical symptoms tend to be the most prominent and may interfere with even basic tasks. Many students are unable to tolerate being in the school environment due to severe headaches, 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.
- **Intervention Examples:**
  - No School
  - Avoid activities that exacerbate symptoms. Activities that commonly trigger symptoms include reading, video games, computer use, texting, television, and/or loud music.
  - Other symptom “triggers” that worsen symptoms should be noted and avoided in the effort to promote healing.
  - No physical activity – this includes anything that increases the heart rate as this may worsen symptoms.
  - No tests, quizzes or homework.
  - Provide students with copies of class notes (teacher or student generated).

### Phase 2: Part-Time School Attendance with Accommodations:

- **Symptom Severity:** In this phase, the student's symptoms have decreased to manageable levels. Symptoms may be exacerbated by certain mental 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) so need frequent breaks to rest and “ recharge their batteries”.
- **Treatment:** Re-introduction to school. Avoid settings and tasks that trigger or worsen symptoms. In the first few days of returning to school the goal is not to immediately start catching up on the missed work or learn new material. Rather the initial goal is simply 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 (no note-taking or reading). Once the student can tolerate this, he/she can try short intervals (5-15 minutes) of cognitive work per class.

- Intervention Examples:
  - 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. Examples:
    - Half-days, alternating morning and/or afternoon classes every other day: or
    - Attending every other class with rest in the nurse's office, library or quiet location in between.
  - Symptoms reported by the student should be addressed with specific accommodations.
  - Eliminate busy work or non-essential assignments or classes.
  - Limit or eliminate "screen time" (computers, phones, tablets, and smart boards), reading and other visual stimuli, based on the student's symptoms.
  - Provide student with copies of class notes (teacher or student generated).
  - No tests or quizzes.
  - Homework load based on symptoms. There should be no due dates on homework assignments. This allows students to work at a pace that does not exacerbate symptoms and reduces their anxiety about completing the assignments. Many students should have heightened anxiety during concussion recovery and due dates exacerbate this.
  - Allow to leave class 5 minutes early to avoid noisy, crowded hallways between class changes.
  - No physical activity including gym/recess or participation in athletics.
  - If this phase becomes prolonged and/or the student is unable to tolerate the school environment or do any work for even short periods of time, a tutor can be helpful (either in school or at home) to implement oral learning at a pace that does not worsen symptoms. A tutor can also help students organize their work and plan how they will spend their limited time studying (i.e. which assignment should I do first, second, third, etc.), as many students are unable to do this basic "executive function" task during concussion recovery.

### Phase 3: Full-Day Attendance with Accommodations:

- 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 Examples:
  - Continue to prioritize assignments, tests and projects: limit students to

one test per day with extra time to complete tests to allow for breaks as needed based on symptom severity.

- Continue to prioritize in-class learning: minimize overall workload.
- Gradually increase amount of homework.
- Reported symptoms should be addressed by specific accommodations: Accommodations are reduced or eliminated as symptoms resolve.
- No physical activity unless specifically prescribed by the student's physician or health care provider. If the student has not resolved their symptoms after 6 weeks, health care providers will often proscribe light aerobic activity at a pace and duration below that which triggers symptoms. This "sub-symptom threshold exercise training" has been shown to facilitate concussion recovery. The student can do this at school in place of their regular PE class, by walking, riding a stationary bike, swimming, or jogging. No contact sports are allowed until the student is completely symptom-free with full days at school and no accommodations, and has received written clearance from a licensed health care professional.

#### Phase 4: Full-Day Attendance with Accommodations:

- **Symptoms Severity:** In this phase, the student may report no symptoms or may experience mild symptoms that are intermittent.
- **Treatment:** Accommodations are removed when student can participate fully in academic work at school and at home without triggering symptoms.
- **Intervention Examples:**
  - Construct a reasonable step-wise plan to complete missed academic work: an extended period of time is recommended in order to minimize stress.
  - Physical activities as specified by student's physician (same as phase 3).
  - **Symptom Severity:** No symptoms are present. Student is consistently tolerating full school days and typical academic load without triggering any symptoms.
  - **Treatment:** No accommodations are needed
  - **Interventions:** Before returning to physical education and/or sports, the student should receive written clearance and complete a step-wise return-to-play progression as indicated by the licensed healthcare professional.

### **Class/Subject Accommodation Examples**

#### **History:**

- Provide detailed class notes to allow student to listen and not be consumed with note-taking during class.
- Oral discussion for learning and oral test-taking preferred to written work.

**Language Arts, English, & Writing:**

- Reduced overall amount of written and typed assignments as screens and annotating may be bothersome to the concussed student. Speech-to-text software programs can be helpful for writing papers or annotating.
- Oral discussion for learning and oral test-taking preferred to written work.

**Math:**

- Reduce homework assignments to the least amount possible to demonstrate mastery learning concept.
- Provide outline of necessary steps to complete problem (concussion students often experience difficulty remembering and may leave out pertinent steps).
- Students should be given extra time to complete in-class assignments and homework.
- Oral discussion for learning and oral test-taking preferred to learning and oral-taking preferred to written work.

**Science:**

- Detailed class notes to allow student to listen and not be consumed with note-taking during class.
- Hands-on learning may be helpful.
- Oral discussion for learning and oral test-taking preferred to written work.

**Additional Specific Accommodation Examples:**

- Extending time on testing and assignments to allow for slower processing speed especially if there is a significant reading demand. Students recovering from concussion have limited endurance and therefore can only attend to a task for short intervals (5-15 min) before triggering symptoms. Symptoms are not just limited to physical symptoms. If there is a lack of comprehension despite 2 or 3 attempts, even without a headache, the student should take a break.
- Providing a quiet room for testing to minimize distraction.
- Offering preferential seating (usually in the front of class or away from windows) to minimize distraction and allow better monitoring of the student.
- Class information and corresponding assignments should be divided into manageable chunks to minimize cognitive load.
- Reduce light sensitivity by allowing the student to wear sunglasses in class.
- Allow breaks every 15 minutes for prolonged reading or screen time.
- Allow the student to eat lunch in a quiet location.
- Avoid assemblies, pep rallies, athletic events and other events with loud noise and/or bright lights.

If concussion symptoms increase, it usually meant the student is reaching a point of over-exertion and needs a break. Some students may only need periodic breaks throughout the school day while others may need more frequent breaks depending on the severity of symptoms.

# Summary: Phases of Recovery

## Phase One Recovery: Usually 2-4 day, but could last weeks

- Rest
- Students typically do not attend school
- Strict limits on screen time/use of electronics/reading
- Parent/guardian: Inform school of injury and request a Team Captain
- Review and sign your Recovery Action Plan
- No sports/rough housing
- REST

## Phase Two Recovery:

- Attend school half to full days
- REST at home
- Continue limits on screen time/use of electronics/reading
- Avoid school bus and heavy backpacks
- Work with school Team Captain regarding school accommodations
- No test in school
- No sports, band, chorus, PE
- Review and adjust your Recovery Action Plan
- REST

## Phase Three Recovery:

- Attend school full-time if possible
- Work with your teachers regarding homework deadlines (“self advocate”)
- See school nurse for pain management or if rest is needed
- Limit one quiz/test per day consider un-timed testing
- Work in 15 minute blocks, complete as much homework as possible
- No sports
- Decide with your team about band, chorus, PE
- Review and adjust your Recovery Action Plan

## Phase Four Recovery:

- Attend school full-time
- Self advocate at school )staggered due dates for assignments, tutor if needed
- Resume your normal activities
- Resume sports once school work is back on track and symptom free and cleared by a physician

