

Concussion Care Protocol

(Based on Township District 211 Concussion Care Protocol)

A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. Continued research has shown cognitive rest to be essential in the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading, and studying. These stimuli must be limited, and in most cases, completely avoided for a period of time during recovery. Physical activity such as physical education, athletics, and strength or cardiovascular conditioning must be completely avoided or regulated while recovering from a concussion.

It is recommended that this protocol is shared with the student's primary care physician (licensed to practice medicine in all its branches, i.e. pediatrician) during the initial visit.

Stages of Concussion Recovery and Academic/Athletic Participation:

1. Complete Rest
2. Return to School
3. Full Day of School Attendance
4. Full Academic and Athletic Participation

Points of Emphasis:

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.
- For the concussion care protocol to be initiated, the student must be initially evaluated by a health care provider (licensed to practice medicine in all of its branches) Documentation must be provided to the school nurse. An emergency room/acute care note is only temporary until seen by the student's primary care physician within one week.
- For every day the student is within Stages 1-3, they will be granted the same number of days to complete missed assignments.
- For the student: It is important upon return to school the student report to the school nurse daily to monitor symptoms and determine progression to the next stage within the concussion care protocol.

Four Stage Progression: Full Return to Academic (RTL) and Athletic Activity

Stage 1: Complete Rest (Usually lasts 2-4 days, could last more than 1 week per individual case)

- Characteristics: Severe symptoms at rest

- Symptoms may include but are not limited to:
 - Headache or pressure in head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, unusual changes in mood, fatigue - Students may complain of intense and continuous/frequent headaches
 - Students may not be able to read for more than 10 minutes without an increase in symptoms
- Initial evaluation by primary care physician (not ER) required
- No PE or athletic participation (includes practices and attending events)
- Accommodations/Considerations:
- No school attendance for at least one full day - emphasize cognitive and physical rest
 - Sports: does not attend practice/games
 - No tests, quizzes or homework
- Parent and student receive copy of SCS Concussion Care Protocol
- School nurse will notify student's teachers and appropriate staff

Progress to stage 2 when:

- Decreased sensitivity to light or noise
- Decreased intensity and frequency of headaches and dizziness
- Ability to do light reading for 10 minutes without increased symptoms
- Decreased feeling of foginess or confusion

Stage 2: Return to School

- Characteristics: Mild symptoms at rest, but increasing with physical and mental activity
- Modified class schedule- limited attendance for 1-2 weeks.
- No PE or athletic participation
- For the student: report daily to the school nurse.
- **Accommodations/Considerations:**
 - Avoid choir, band, orchestra, PE areas, cafeteria
 - Rest in nurse's office to offer breaks between academic classes
 - Student may request a hall pass from the school nurse to avoid noisy, crowded hallways between class periods.
 - Limit computer work, videos/movies in class
 - Divide up work into smaller portions (15-20 minutes at a time)
 - No tests, quizzes, or homework
 - Math and science computations may be more difficult during recovery
 - Provide student with copies of class notes (teacher or student generated) upon student request.
 - Audio books are helpful for students struggling with visual processing if available.

Progress to stage 3 when:

- School activity does not increase symptoms
- Overall symptoms continue to decrease

Stage 3: Full Day of School Attendance

- Characteristics:
 - Symptom free at rest
 - Mild to moderate symptoms with cognitive and school day activity
- No PE or athletic participation
- For the student: report daily to school nurse.
- Accommodations/Considerations:
 - Continue with interventions listed in Stage 2 as needed
- If unable to progress to Stage 4 after 3 weeks, it is unlikely the student will be able to make up required work. Student and parents need to communicate with principal to evaluate possible course level changes, or class withdrawal.
- Consider a 504 Plan after 8-10 weeks of residual symptoms with educational impact

Progress to stage 4 when:

- Symptom free with cognitive and physical activity
 - Student should report any return of symptoms with cognitive or school day activity
- Written clearance by primary care physician or neurologist for return to physical and full academic activities.

Stage 4: Full Academic and Athletic Participation per Return to Play (RTP) Protocol

- Characteristics:
 - o Asymptomatic with academic/cognitive and physical activities
 - Create plan for possible modification and gradual completion of required make-up work with teachers and principal.
- For the student-athlete: report daily to the school nurse. Student will begin the Illinois High School Association's (IHSA) required Return to Play Protocol
- For the non-athlete student: report daily to the school nurse for assessment checklist for 1 week.
- Accommodations/Considerations: Resumption of full academic responsibilities once symptoms have resolved completely as determined by primary care physician. School nurse will notify teachers.

Stage Four Progression: Full Return to Academic (RTL) and Athletic Activity

- For the non-athlete student: written clearance to full participation from primary care physician will be required for return to PE participation. Upon receipt of clearance, school nurse will consult with PE teacher regarding appropriate return to full participation within current activity (no formal gradual return to physical activity).
- For the student athlete: required to follow the IHSA Return to Play Protocol. Written clearance needed from the primary care physician and Post-Concussion Consent form signed by parent.

IHSA Return to Play Protocol *(required if student athlete)*

- The IHSA Return to Play Protocol includes 5 phases of activity with increasing intensity. Each phase will take place 24 hours following the previous step. If symptoms return during any phase, a 24-hour period of rest is required before repeating that phase.
 1. Stage 1: Light aerobic activity
 2. Stage 2: Increased aerobic activity
 3. Stage 3: Non-contact activity related to specific sport/skill
 4. Stage 4: Full contact activity
 5. Stage 5: Return to competition-requires written statement from physician or athletic trainer and a signed parent return to play consent form.
- The school nurse will conduct a follow-up assessment with the student one week after he/she returns to full academic and athletic activity.
- The student is encouraged to meet with the school nurse to assess any recurring symptoms.