



# Community Unit School District 303

## Parent and Student Concussion Information Sheet

### **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 a 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.

#### **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 “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 change
- Cannot recall events prior to or after the hit

### **Why should a student athlete report their symptoms?**

If a student athlete has a concussion, his/her brain needs time to heal. While a student 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.

### **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 s/he exhibits any of the following danger signs (call 9-1-1):

- One pupil is larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or constant nausea
- Loses consciousness
- Slurred speech
- Convulsions or seizures
- Cannot recognize familiar people or places
- Becomes increasingly confused, restless, agitated
- Exhibits unusual behavior

### **Return-to-Play for Students ([www.ihsa.org](http://www.ihsa.org))**

The National Federation of State High School Association’s rules require “any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional.” In applying that rule in Illinois, it has been determined that only certified athletic trainers and physicians licensed to practice medicine in all its branches in Illinois can clear an athlete to return to play the day of a contest in which that athlete has been removed from the contest for a possible head injury. In cases when an athlete is *not* cleared to return to play the same day as s/he is removed from a contest following a possible concussion, the athlete shall not return-to-learn or return-to-play until the athlete is evaluated by and receives written clearance from a licensed health care provider.

For the purposes of this policy, licensed health care providers consist of physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers working in conjunction with physicians licensed to practice medicine in all its branches in Illinois.

When a student returns to school following an injury, the school's responsibility is to (a) assess the student's needs, (b) create an individualized plan based on the recommendations of the physician, (c) monitor the effectiveness of the plan, and (d) adjust the plan until the student no longer requires accommodations resulting from the injury.

### **Gradual Return-to-Learn Protocol**

#### **Stage 1: Complete physical and cognitive rest until medically cleared to return to school**

#### **Stage 2: Return to school with Academic Accommodations (if necessary)**

The student will be instructed to report to the school nurse upon his or her return to school with the completed and signed *Post Concussion Consent Form*. At that point, the school nurse will:

- Review the student's medical needs while at school (if any);
- Work with the student's teacher(s) and/or counselor to provide an individualized plan of academic accommodations (if recommended by the student's physician.)

#### **Stage 3: Monitor Progress**

- Communicate with student on a regular basis to assess progress.
- Communicate with parent/guardian and, if appropriate, the physician who treated student, to fully assess the student's condition and adjust the plan as progress is made.

#### **Stage 4: Full Recovery to Academics**

- Student is able to resume normal schedule without accommodations and is symptom-free.

### **Gradual Return-to-Play Protocol**

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 return or if s/he experiences new symptoms, 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.

#### **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 permission 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 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

#### **Step 2: Moderate activity**

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

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

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

#### **Step 4: Practice & full contact**

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

#### **Step 5: Competition**

Young athlete may return to competition.

### **ImPACT Concussion Management Program**

St. Charles High Schools use ImPACT Concussion Management. ImPACT is the industry leader in concussion management and trusted by teams and organizations around the world. Concussion often results in measurable changes in brain function. These changes are often not visible to the naked eye. ImPACT measures subtle changes in cognitive functioning that cannot be accurately measured by relying on the athlete to report symptoms. Baseline tests are suggested every two years. If a concussion is suspected, the baseline report will serve as a comparison to a repeat ImPACT test, which professionals can use to assess potential changes or damage caused by a concussion.

- A coach of an interscholastic athletic team may not authorize a student's return-to-play or return-to-learn.
- An athletic trainer may refuse to let a student participate in practice or competition after a concussion, even if the student has been cleared by a physician.

**Please visit the District 303 website for information regarding the District's policy 7:305 - Student Athlete Concussions & Head Injuries**