



St. Benedict Prep Athletic Concussion Procedure



As new medical information is disseminated, we at St. Benedict Prep are ever evolving our safety procedures to create a safer environment for all students to be active. In an effort to maintain the health and safety of our student athletes, St. Benedict Prep has adopted protocols for diagnosing concussions and monitoring student progress towards recovery. The following protocol reflects current best practices and recommendations as outlined by the Consensus Statement on Concussion in Sport, the 3rd International Conference on Concussion in Sport, the National Federation of High Schools, and the Illinois High School Association and the State of Illinois Youth Sports Concussion Safety Act (Public Act 099-0245)

Concussion – Definition

A complex pathophysiological process affecting the brain induced by traumatic biomechanical forces. Several common features that incorporate clinical, pathologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury.

Concussion – Causes

Concussions may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head. Concussions typically result in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously. Concussions may result in neurologic changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course. It is important to note that, in a small percentage of cases, post concussion symptoms may be prolonged. No abnormality on standard structural neuroimaging studies have been seen in concussion.

Concussion – Signs and Symptoms

A diagnosis of a concussion can include one or more of the following symptoms:

- Headache
- Temporary loss of memory
- Loss of appetite
- Difficulty concentrating
- Sensitivity to sound
- Ringing in the ears
- Irritable
- Difficulty falling asleep
- Blurred vision
- Difficulty focusing
- Sensitivity to light
- Nausea
- Feeling like they are in a ‘Fog’
- Emotional

Concussion Oversight Team:

Each school shall construct a Concussion Oversight Team to ensure compliance with Illinois State Law.

Responsibilities include but not limited to:

- Review current research and update school policies.
- Review and establish Emergency Action Plans for each venue and discuss with local EMS providers.
 - Athletic areas
 - Performing Arts areas
 - Cafeteria
- Ensure EAP's are posted in appropriate areas with easy access by all.
- Ensure EAP's are distributed to appropriate personnel for each area.
- To confirm EAP's are practiced by appropriate personnel.

Note: All EAP's must be approved by a designated district superintendent

Each team will consist of:

- Licensed Athletic Trainer
- Licensed Nurse
- Administrator
- A medical physician, if available
- Each school may add additional members (social worker, psychologist, counselor, etc.) at their discretion.

The nurse and athletic trainer must complete a continuing education course on concussions that is approved by the administrator on the Concussion Oversight Team once every two years to maintain their seat on the committee. The medical physician should, to their greatest extent, complete continuing education course in concussions.

Any school personnel (coaches) who may have exposure to concussions or the treatment of a concussion must also complete an educational course on concussions once every two years. This can be provided via the IHSA.

Proof of completion of all education must be submitted to the administrator on the Concussion Oversight Team.

Removal From Activity:

Any student in need of being placed on the Concussion Procedure needs a medical physician's evaluation and diagnosis, in written form.

Any athlete that may have symptoms of a concussion will be removed from physical activity by any of the following:

- Medical physician
- Athletic Trainer
- Coach
- Official
- The student
- Students parent/guardian

They will be tested and evaluated by an athletic trainer and/or a medical physician. Neurocognitive testing will consist of researched and vetted formats approved by the medical community. If the athlete is shown to have no symptoms and testing proves normal they will be allowed to return to activity. A failure in any of the tests or if they have symptoms they will be removed from activity, placed on the Concussion Policy and be instructed to seek a medical physician evaluation and diagnosis.

Communication of Injury

- If the EMS was activated and the athletes contest is away, the coach should contact an ATC and the parent/guardian.
- If the emergency medical system (EMS) was activated and the injury is at school, the teacher or coach must contact an administrator and nurse or ATC on duty.
- The professional in charge (ATC, nurse, coach, administrator) at the time of the injury must contact the athlete's parent/guardian and inform them of the condition/status of the athlete and of the Concussion Procedure. The athletic trainer, nurse or coach will only release the student/athlete to the parent/guardian or representative appointed by the parent/guardian, on site.
- **All suspected concussed students MUST be evaluated by a medical physician, who will be informed of the Concussion Procedure used by St. Benedict Prep.** St. Benedict Prep staff will be available to answer any questions of the treating medical physician.
- All concussions occurring away from district facilities and supervision **MUST** be seen by a medical doctor and a diagnosis/treatment note **MUST** be received by the nurse before the injured student/athlete will begin on the Concussion Procedure.

Each student/athlete with a suspected concussion must be evaluated by a licensed medical physician. The medical physician will:

- Provide the school district with a written diagnosis and official signature.
- Provide a return to cognitive and physical activity release date or terms.
- Provide their contact information to enhance communication and treatment of the student/athlete.

Treatment: *At Home*

- Parent/Guardians will ensure activity restrictions are followed at home.
- Restrictions may include but not limited to:
 - Avoidance or reduction of video exposure (i.e. TV, computers, games, etc.)
 - Avoidance of cognitive activity (i.e., math, reading, writing, etc) that cause symptoms.
 - Avoidance of physical activity that cause symptoms.
 - Avoidance of other stimuli (i.e., light, sounds, odors, etc.) that cause symptoms.
- Parent/Guardians may increase any of the above activity if:
 - Directed by a medical doctor
 - Directed by other healthcare professional (i.e., nurse, athletic trainer, physical therapist).
 - With increments of 30 minutes as long as symptoms do not present.

Treatment: *At School*

- The medical physician will communicate the status of the student/athlete to the parent/guardian, school nurse and/or athletic trainer. This communication should list any accommodations for recovery.
- The nurse will communicate the status of the student/athlete, to their counselor, teachers and other school personnel who assists them daily (ie. Social worker).
- The nurse and student/athlete's counselor will forward any pertinent information to the student/athlete's teachers outlining what the classroom teacher should be aware of and to excuse the student/athlete from physical education and grant him or her other accommodations until he or she completes the Return To Learn steps.
 - Accommodations may include but are not limited to: allowing for alternative or make-up assignments, postponement of projects, tests, and quizzes, extended time on projects, tests, and quizzes.
 - The nurse and/or student/athlete's counselor may make recommendations to include other school personnel in the recovery process such as a school social worker or school psychologist as the team deems appropriate to each athlete's individual circumstances.
- The athlete's coach should maintain communication with the athlete for emotional support throughout the diagnosis and recovery period.
- The athletic trainer/nurse will communicate recovery updates by phone to the parent/guardian. Including
 - Return To Learn status
 - Return To Play status
 - Any complications
 - When the student/athlete is released
 - Assist in determining the appropriate cognitive step for the student (see Return To Learn chart)

Cognitive Activity

Return To Learn

Each student/athlete diagnosed with a concussion will be assigned cognitive activity by either/or the treating medical physician, school nurse or athletic trainer. Please see below.

Step	Intensity	Cognitive Activity
1	No Activity, No School	Rest
2	Begin Accommodated School Days	<ul style="list-style-type: none">• Allow accommodations for symptoms• 1/2 day of school or to allow to rest in nurses office• All class work done at home at 30 minute intervals
3	Full day of School with Accommodations	<ul style="list-style-type: none">• Allow accommodations for symptoms• Attend all classes - rest in nurses office is symptomatic• Begin class work, as symptoms permit
4	Students Return to Full Cognitive Activity	<ul style="list-style-type: none">• Full Day of school• Full class work and resume Physical Education• Athletes will complete the Return To Play protocol
5	Attend School - Full Day	Released from care - Full cognitive and physical activity

Any changes or progressions to the above chart will be made by the nurse, athletic trainer or treating medical physician. The student parent/guardian will be notified as the student progresses through the Return To Learn steps. Once the student/athlete attains Return To Learn step #4 they will proceed to the Return To Play steps. **In season athletes will perform these via the athletic trainer and their athletic team. All others will complete this process through the school nurse and their physical education teacher.**

Release To Full Cognitive Activity

For a student or non in-season athlete to be released from the Concussion Procedure the following must be met:

1. A diagnoses and release form a medical physician
2. Be asymptomatic for greater than 24 hours
3. Completion of the Return To Learn Protocol

Post-Concussion Return-to-Play Program (McCroory, 2009)

- Once cleared to initiate the following steps by an approved provider (medical physician, athletic trainer), the athlete must complete each assigned activity without becoming symptomatic for a period of 24 hours.
- The athlete will report any symptoms immediately after the assigned activity to the athletic trainer.
- The athlete will again report any symptoms 24 hours after assigned activity has been completed.
- The athlete must be asymptomatic for the entire 24 hour period to be allowed to progress to the next step.
- If symptomatic at any time the step will be discontinued wait for 24 hours and begin at step #1. If symptoms are experienced on the second attempt the process will stop and the athletic trainer will consult with the treating medical physician.

If the student/athlete was diagnosed with a concussion at the end of their season or during the off-season they must still complete the Return To Play steps once a new season begins. If they started the Return To Play steps but could not complete because their season ended they will resume the Return To Play steps where they ended. **(delete if we approve PE RTP)**

Upon finishing the Return To Play steps the athletic trainer will send a Letter of Completion to the parent/guardian. This letter must be signed by the parent/guardian and note from a medical doctor releasing the student must be on file, before the student will be released to full physical activity.

Release To Full Cognitive and Physical Activity

For a athlete to be released from the Concussion Policy the following must be met:

- A diagnosis and release from a medical physician
- Completion of the Return To Learn Protocol
- Be asymptomatic
- Completion of the Return To Play Protocol
- Signed Parent Release Letter