



## Ball-Chatham School District Concussion Protocol

<b>Ball Elementary School</b> P: 217-483-2414 F: 217-483-3968 besnurse@bcasd5.org	<b>Chatham Elementary School</b> P: 217-483-2411 F: 217-483-5270 cesnurse@bcasd5.org	<b>Glenwood Elementary School</b> P: 217-483-6704 F: 217-483-6904 gesnurse@bcasd5.org	<b>Glenwood Intermediate School</b> P: 214-483-1183 F: 217-483-1254 gisnurse@bcasd5.org	<b>Glenwood Middle School</b> P: 217-483-2481 F: 217-483-4940 gmsnurse@bcasd5.org	<b>Glenwood High School</b> P: 217-483-2424 F: 217-483-5402 ghsnurse@bcasd5.org
--	---	--	--	--	--

Dear Parent/Guardian,

In accordance with the Public Act 99-245 (The Youth Sports Concussion Safety Act), BCSD has developed a concussion protocol for any student suspected of having sustained a concussion/head injury. For more information on Public Act 99-245, you can go to the Illinois General Assembly website: <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=099-0245>

According to the CDC, children who continue to play while having concussion signs and symptoms or who resume physical activity too quickly after concussion have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing can be very serious. This packet contains information about the concussion protocol in which your student will participate in order to provide a monitored return to activity.

There are two parts to the concussion protocol. Return to Learn (RTL) is the protocol that will dictate any accommodations that your child may need to participate in academic activities while healing. Return to Play (RTP) is the physical progression of activity that will be utilized to assess whether your child experiences any lingering concussion symptoms as activity progressively becomes more strenuous.

- Please sign and return the IHSA Post-Concussion Consent Form to your building nurse.
- Your child must be evaluated by a health care practitioner (MD/DO/PA/NP) and you must submit documentation of any notes pertaining to your child's return to learn and return to play protocol. A concussion clearance form is included in this packet. You are encouraged to request that your child's medical provider utilize this form, as it will help ensure that all documentation components and needed orders are complete.
- Continue to monitor your child for signs and symptoms of concussion and communicate ongoing or worsening symptoms to the nurse(s) or athletic trainer. As a parent or guardian, you are an important part of the concussion recovery process.
- Once your child has completed the Return to Learn and Return to Play protocol, please sign and return the Post-concussion Protocol Completion Form.

Thank you for assisting with our efforts to keep our students safe and promote optimal health and wellness.

BCSD Nurses

## BCSD Concussion Protocol

Your student has been identified as having a concussion by his/her healthcare provider or a suspected concussion by a district staff person.

Your student has been entered into the concussion protocol. Your student must complete the Return to Learn (RTL) protocol, if applicable, before advancing to the Return to Play (RTP) protocol.

Your student's teachers will be notified that he/she is experiencing signs and symptoms of concussion.

If your student has not already, Illinois law mandates that he/she **must** be seen by a physician or mid-level practitioner to be assessed for a concussion, provided necessary academic accommodations for Return to Learn, and for release to progress through RTP. If your student's physician states that your child does not have a concussion, **based on the reported symptoms that placed your child into concussion protocol, your student will still be required** to complete the Return to Play protocol before being released to full activity.

Documentation from a medical provider must be submitted to the school nurse. Any academic accommodations listed by your student's medical provider will be forwarded to teachers by the school nurse.

As parent/guardian, you and your student must sign the IHSA/IESA Post-concussion consent form and submit it to the school nurse.

Once a student is entered into concussion protocol, they will be removed from their physical education (PE) class and recess, if applicable, until a physician clears them and they have progressed through the Return to Learn (RTL) and Return to Play (RTP) Protocol.

**At GMS and GHS**, any student who cannot actively participate in PE for ten days (or longer), based on a doctor's order, will be moved to Medical PE until cleared. If your student does not have a doctor's note at the 10-day mark, they cannot be moved to Medical PE. Consequently, their PE attendance will be marked "unexcused" until a doctor's note is received. **Physical education is a required component of students' graduation credits at the high school level, and they must move through the protocol to return to PE.**

Once your student has received physician clearance and is symptom-free for 24 hours without using academic accommodations, they may begin the RTP protocol under the supervision of the athletic trainer if the student is an athlete or the PE teacher if the student is not an athlete.

When your student begins the RTP component, their academic accommodations will no longer be available unless symptoms return with increased activity. Your student will have now completed their Return to Learn component. The timeframe for missing work to be completed is two days for every one day of academic accommodations.

During the RTP protocol, all physical activity will be monitored by the athletic trainer, PE teacher, or nurse.

When your student has completed the RTP protocol, the BCSD Post Concussion Protocol Completion Form must be signed by your student and you, as parent/guardian, and returned to the school nurse. Your student will not be permitted to resume regular PE or sports practices/competitions until this form has been signed and returned.

Your student's teachers will be notified that your student is asymptomatic and released from concussion protocol.



## Ball Chatham School District Physician Concussion Clearance for Grades K-6

In accordance with Public Act 99-245 (The Youth Sports Concussion Safety Act), BCSD follows a concussion protocol for any student **suspected** of having sustained a concussion/head injury. A Return to Play protocol that aligns with Illinois law and CDC recommendations for activity progression will be completed before the student is permitted to return to normal school physical activities and/or sports. Please complete the following information based on today's evaluation.

Student Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

**Please indicate one of the following:**

- Based on today's evaluation, this student has no concussion symptoms and is medically cleared to begin the Return to Learn/Return to Play Protocol.
- Based on today's evaluation, this student was diagnosed with a concussion. Return to Learn academic accommodations are not indicated at this time. This student may begin the Return to Play Protocol when symptom-free for 24 hours.
- Based on today's evaluation, this student was diagnosed with a concussion. The academic accommodations indicated below may help reduce the cognitive load, thereby minimizing post-concussion symptoms and allowing the student to better participate in the academic process during recovery. These accommodations will end, and Return to Learn is complete when the student is symptom-free for 24 hours without using academic accommodations. **(Please indicate which of the following two options are appropriate).**
  - Following Return to Learn, the student may proceed through Return to Play when symptom-free for 24 hours without further medical evaluation.
  - Following Return to Learn, the student must be re-evaluated before beginning Return to Play.

**If option three above is indicated, please circle the stage at which this student should begin their Return to Learn progress.**

Stage (circle one)	Expected Duration	How much work?	Adjustments	When to Move On	Decision Making Data
Black	1-2 days	Stay home and rest		Able to wake up, get ready, and come to school <b>without worsening symptoms</b>	Student's report Parent Observations
Red: At School with no work - should extend length of time at school each day if using modified days	1-5 school days Maximum of 5 days	No work. Student sits in class and listens	No computer or hard copy work. Verbal participation and engagement encouraged	Student can sit in class for one full day <b>without worsening symptoms</b>	Symptom checklist Teacher report Parent report
Orange: At school with 50% workload	2-5 school days Maximum of 5 days	50% of classwork and homework	Adjust test and assignment expectations	Student can complete 50% of workload for 2 full days <b>without worsening symptoms</b>	Symptom checklist Teacher report Parent report
Yellow: At school full days with full work	2-5 school days Maximum of 5 days	100% classwork and homework	Tests may be modified	Student can complete all work for 2 full days <b>without worsening symptoms</b>	Symptom checklist Teacher report Parent report
Green: RTL complete		100% of classwork and homework	Should make up important assignments		

**Prognosis:**

- Based on today's evaluation, it is anticipated that academic accommodations will be needed for approximately \_\_\_\_\_ days or less. If this student continues to report symptoms after that time, they must return for re-evaluation.
- Based on today's evaluation, this student is at risk for a prolonged recovery.

**M.D./D.O./NP/PA Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Ball Chatham School District Physician Concussion Clearance for Grades 7-12

In accordance with Public Act 99-245 (The Youth Sports Concussion Safety Act), BCSD follows a concussion protocol for any student **suspected** of having sustained a concussion/head injury. A Return to Play protocol that aligns with Illinois law and CDC recommendations for activity progression will be completed before the student is permitted to return to normal school physical activities and/or sports. Please complete the following information based on today's evaluation.

Student Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

### Please indicate one of the following:

- Based on today's evaluation, this student has no concussion symptoms and is medically cleared to begin the Return to Learn/Return to Play Protocol.
- Based on today's evaluation, this student was diagnosed with a concussion. Return to Learn academic accommodations are not indicated at this time. This student may begin the Return to Play Protocol when symptom-free for 24 hours.
- Based on today's evaluation, this student was diagnosed with a concussion. The academic accommodations indicated below may help reduce the cognitive load, thereby minimizing post-concussion symptoms and allowing the student to better participate in the academic process during recovery. These accommodations will end, and Return to Learn is complete when the student is symptom-free for 24 hours without using academic accommodations. **(Please indicate which of the following two options are appropriate).**
  - Following Return to Learn, the student may proceed through Return to Play when symptom-free for 24 hours without further medical evaluation.
  - Following Return to Learn, the student must be re-evaluated before beginning Return to Play.

### Return to Learn Accommodations: (only complete for option three above)

**Attendance Restrictions:** Full/Partial days missed due to concussion symptoms should be medically excused.

- Full Days / Modified Days
- No School until \_\_\_\_\_, then modified days as tolerated until \_\_\_\_\_, then full days as tolerated

### Testing:

- Extra Time
- Test in a quiet environment
- No standardized tests
- Reduce the length of tests or allow testing over multiple sessions
- No Tests or Quizzes
- Open note / open book / take home tests

### Workload Reduction:

- No Chromebook use
- Limit computer work
- Shorten tests and projects
- Reduce overall amount of make-up work, class work, and homework (recommended at 50%-70% of normal load)
- Please provide a copy of class notes or outlines at the start of class to reduce multi-tasking demands.
- Allow the student to take breaks with their head down to rest, or to go to the nurse's office to rest intermittently.
- Allow extra time to complete and turn in assignments.

### Other Accommodations:

### Prognosis:

- Based on today's evaluation, it is anticipated that academic accommodations will be needed for approximately \_\_\_\_\_ days or less. If this student continues to report symptoms after that time, they must return for re-evaluation.
- Based on today's evaluation, this student is at risk for a prolonged recovery.

M.D./D.O./NP/PA Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Ball-Chatham Return To Play Protocol - Grade K-6

(\*5th/6th grade in-season school athletes must use the 7-12 protocol)

Day of Protocol	Exercises
<p><b>Day 1</b></p>	<p>10-15 minute jog or bike</p> <p>Pass: Student may move on to Day 2.</p> <p>Stops with Symptoms: If the student does not pass Day 1, they must be symptom-free for 24 hours before they can retest at Day 1.</p>
<p><b>Day 2</b></p>	<p>(10) down and back sprints - Basketball court or long hallway (between 55-70% of max heart rate)</p> <p>Pass: Student may move on to Day 3.</p> <p>Stops with Symptoms: If the student does not pass Day 2, they must be symptom-free for 24 hours before they can retest at Day 2</p>
<p><b>Day 3</b></p>	<p>Ladder Workout (10 reps of each exercise, 9 reps of each, 8 reps, 7, 6, 5, 4, 3, 2,.....all the way down to 1.)</p> <p>10 jumping jacks 10 sit-ups 10 opposite toe touches</p> <p>The goal is to exercise continuously for 5 minutes.</p> <p>Pass: Student may move on to Day 4.</p> <p>Stops with Symptoms: If the student does not pass Day 3, they must be symptom-free for 24 hours before they can retest at Day 3.</p>
<p><b>Day 4</b></p>	<p>No contact PE class</p> <p>Pass: If the student passes Day 4, the Post-concussion Protocol Completion Form must be signed and on file with the school nurse. The student will not be permitted to resume regular PE or sports practices/competitions until this form has been signed and returned.</p> <p>Stops with Symptoms: If the student does not pass Day 4, they must be symptom-free for 24 hours before they can retest at Day 4.</p>
<p><b>Day 5</b></p>	<p>Regular Full Contact PE Class</p> <p>All necessary paperwork has been turned in to the school nurse. The student may return to practice or PE class without restrictions. The nurse will notify the head coach or PE teacher of clearance.</p>

# Ball Chatham Return To Play Protocol - Grade 7-12

(also to be used for any 5th or 6th grade athlete who is in season for a BCSD sport)

Day of Protocol	Exercises
<p><b>Day 1</b></p>	<p>12-15 minute jog or bike</p> <p>Pass: Student may move on to Day 2.</p> <p>Stops with Symptoms: If the student does not pass Day 1, they must be symptom-free for 24 hours before they can retest at Day 1.</p>
<p><b>Day 2</b></p>	<p>(10) 100 yard sprints or (2) full set sprints on the basketball court - Start at the baseline and run to the free throw line, then run back to the baseline. After that run to half court and back. After that, run to the opposite free throw line and back. After that, run full court down and back.</p> <p>Pass: Student may move on to Day 3.</p> <p>Stops with Symptoms: If the student does not pass Day 2, they must be symptom-free for 24 hours before they can retest at Day 2</p>
<p><b>Day 3</b></p>	<p>Ladder Workout (10 reps of each exercise, 9 reps of each, 8 reps, 7, 6, 5, 4, 3, 2,.....all the way down to 1.)</p> <p>10 burpees 10 "V" sit-ups 10 air squats 10 push ups</p> <p>Pass: Student may move on to Day 4.</p> <p>Stops with Symptoms: If the student does not pass Day 3, they must be symptom-free for 24 hours before they can retest at Day 3.</p>
<p><b>Day 4</b></p>	<p>Regular contact in practice or regular PE class</p> <p>Pass: If the student passes Day 4, the Post-concussion Protocol Completion Form must be signed and on file with the school nurse. The student will not be permitted to resume regular PE or sports practices/competitions until this form has been signed and returned.</p> <p>Stops with Symptoms: If the student does not pass Day 4, they must be symptom-free for 24 hours before they can retest at Day 4.</p>
<p><b>Day 5</b></p>	<p>All necessary paperwork has been turned in to the school nurse. The student may return to practice or PE class without restrictions. The nurse will notify the head coach or PE teacher of clearance.</p>



Post-concussion Consent Form  
(RTP/RTL)



Date \_\_\_\_\_ Year in School K 1 2 3 4 5 6  
7 8 9 10 11 12

Student's Name \_\_\_\_\_

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 \_\_\_\_\_



# Ball-Chatham School District Post-Concussion Protocol Completion Form

<b>Ball Elementary School</b> P: 217-483-2414 F: 217-483-3968 besnurse@bcasd5.org	<b>Chatham Elementary School</b> P: 217-483-2411 F: 217-483-5270 cesnurse@bcasd5.org	<b>Glenwood Elementary School</b> P: 217-483-6704 F: 217-483-6904 gesnurse@bcasd5.org	<b>Glenwood Intermediate School</b> P: 214-483-1183 F: 217-483-1254 gisnurse@bcasd5.org	<b>Glenwood Middle School</b> P: 217-483-2481 F: 217-483-4940 gmsnurse@bcasd5.org	<b>Glenwood High School</b> P: 217-483-2424 F: 217-483-5402 ghsnurse@bcasd5.org
--	---	--	--	--	--

Date: \_\_\_\_\_

Year in School: K 1 2 3 4 5 6 7 8 9 10 11 12

Student's Name: \_\_\_\_\_

By signing below, I acknowledge the following:

1. My child has been cleared by their treating physician for full activity, and all medical documentation pertaining to my child's concussion has been submitted to the school nurse.
2. My child has completed and passed the required return-to-learn and return-to-play protocols set into place by the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA).
3. My student has no lingering concussion-related symptoms. My child was without symptoms each day that he/she passed/completed a step of the Return to Play Protocol that graduated him/her to the next day's activity level.
4. I understand the risks that are associated with my student returning to physical education and/or practice and participation (contact or otherwise) for any sport, even after completing the above-mentioned protocols.

Student Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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