

Brown County Community Unit School District #1

Concussion Policy and Protocol

According to SB 7

A student removed from an interscholastic athletics practice or competition may not be permitted to practice or compete again following the force or impact believed to have caused a concussion until:

- 1) The student has been evaluated by a treating physician or athletic trainer working under the supervision of a physician
- 2) The student has successfully completed each requirement of the return-to-play protocol established necessary for the student to return to learn
- 3) The student has successfully completed each requirement of the return-to-learn protocol established necessary for the student to return to play
- 4) The treating physician or athletic trainer working under the supervision of a physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play or return to learn.
- 5) The student and the student's parent or legal guardian or another person with legal authority to make medical decisions for the student:
 - a. Have acknowledged that the student has completed the requirements of the return-to-play and return-to-learn protocols necessary for the student to return to play.
 - b. Have provided the treating physician's or athletic trainer's written statement to the person responsible for compliance with the return-to-learn and return-to-play and the person who has supervisory responsibilities.

Each concussion oversight team must include to the extent practicable at least one physician. If a school employs an athletic trainer, the athletic trainer must be a member of the school concussion oversight team to the extent practicable. If the school employs a nurse, the nurse must be a member of the school oversight team to the extent practicable. At a minimum, a school shall appoint a person who is responsible for implementing and complying with the return-to-learn and return-to-play protocols adopted by the concussion oversight team. A school may appoint other licensed healthcare professionals to serve on the concussion oversight team.

The IHSA shall approve, for coaches of interscholastic athletic activities, training courses that provide for not less than 2 hours of training in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects. The IHSA shall maintain an updated list of individuals and organizations authorized by the IHSA to provide the training.

Referral Process:

If the student/athlete has been diagnosed with a concussion, he or she will enter into the district's return-to-learn and return-to-play protocols. If a student-athlete is suspected of having a concussion, he or she should be evaluated by a treating physician or an athletic trainer. It is recommended that the student/athlete be seen the next business day if at all possible. It is also the recommendation of the concussion oversight team that student athletes that have been diagnosed with a concussion be seen at the Sports Concussion Clinic at Quincy Medical Group at 1118 Hampshire in Quincy, IL.

Return to Learn Progression Protocol (RTL)

Once a student has been diagnosed with a concussion and has entered the RTL protocol, a physician must clear that student from stage to stage until he/she is cleared to return to school with no limitations. .

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| Stage 1 | No returning to school |
| Stage 2 | Return to school with supports (i.e., shortened day, shortened classes or rests during class, allowing extra time to complete homework/assignments and tests, lessened homework load, no classroom or standardized tests at this time, taking rest breaks during the day as needed). |
| Stage 3 | School with no limitations |

Return to Play Progression Protocol (RTP)

Once an athlete has been diagnosed with a concussion and has entered the RTP protocol, a physician-directed, individualized, stage-to-stage plan must be followed until the athlete is cleared to play.

- Stage 1** No physical activity
- Stage 2** Low levels of physical activity (i.e., symptoms do not come back during or after activity). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
- Stage 3** Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
- Stage 4** Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
- Stage 5** Full contact in controlled practice.
- Stage 6** Full contact in game play.

- ✓ The student/athlete be asymptomatic before starting the RTP protocol.
 - ✓ If symptoms re-occur, an athlete must rest for twenty-four hours and be asymptomatic before attempting the same stage in the RTP protocol.
 - ✓ If symptoms worsen, the athlete must be re-evaluated by team athletic trainer or return to physician..
 - ✓ There is no pre-determined time frames for each stage.
- There are certain modifiers for some athlete's health history that may be adjusted to the current RTP progressions guidelines.
 - Cumulative concussions may dictate a more conservative approach when referring to the RTP guidelines scale.
 - Before full return to play clearance can be given, any athlete diagnosed with a concussion will have to be asymptomatic, meet specific neurocognitive test standards, pass functional assessment, and exertional testing by the physician.

Concussion Oversight Team

Dave Phelps – Athletic Director, Brown County High School

Pollee Craven – Principal, Brown County High School

Tom Little – PE teacher/Head Football Coach, Brown County High School

Brianne Guymon – Athletic Trainer Quincy Medical Group

Dr. Anthony Biggs – Physician Quincy Medical Group

Katie Herington – Athletic Trainer Quincy Medical Group, Head Volleyball Coach BCHS