

LISLE COMMUNITY UNIT SCHOOL
DISTRICT 202

Student Athlete Concussions
and Head Injuries
Procedural Manual

May 2016

LISLE COMMUNITY UNIT SCHOOL DISTRICT 202
Student Athlete Concussions and Head Injuries Procedural Manual

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Background Information Youth Sports Concussion Safety Act

Governor Rauner signed into law the Youth Sports Concussion Safety Act (Public Act 990245) in August 2015 which includes a number of new requirements relating to student concussions for school districts with students participating in interscholastic athletic activities. School concussions are already a highly regulated issue in Illinois, after a 2011 law mandated policy, student and parental notification and consent, and staff training requirements related to student concussions. The new law adds to these requirements, imposing a number of additional concussion-related mandates. Lisle CUSD 202 Policy 7:305 Student Athlete Concussions and Head Injuries reflect the new mandates effective for the 2016-2017 school year:

Student and Parental Consent. Students may only participate in interscholastic athletics if they and their parents have signed off on an approved form that contains specified elements regarding concussion information.

Removal from Athletics or Competition. The law dictates the circumstances when a student must be removed from practice or competition; specifically, when certain responsible individuals believe the student might have sustained a concussion during practice or competition.

Concussion Oversight Team. School boards approve a “concussion oversight team” which must establish a “return-to-play protocol” and a “return-to-learn protocol” based on certain standards. The protocols determine when a student may return to practice or competition and to the classroom after a head injury. There are a number of individuals who the law says should be part of the team, such as a physician and a nurse or athletic trainer, if ones are employed by the school. An appointed person, other than a coach of an interscholastic athletic team, is responsible for implementing and complying with the return-to-play and return-to-learn protocols.

Return-to-Play and Return-to-Learn Protocols. The return-to-play and return-to learn protocols must include a number of required elements. For instance, before a student can return to play after a concussion, the student must be treated by a physician or athletic trainer, the physician or athletic trainer must provide written authorization to the person at the school responsible for compliance with the protocols that the student can return to play, and the student and his or her parent/guardian must sign a waiver with certain mandated content. The law specifically prohibits the coach of an interscholastic athletics team from clearing a student to return to play after a concussion.

Emergency Action Plan. The school board must also approve a school specific, written emergency action plan, reviewed by the concussion oversight team and approved by the superintendent or designee. The plan must be distributed to all appropriate personnel, posted conspicuously at all venues utilized by the school, and reviewed annually by all athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.

Required Training. The law requires that a number of individuals, including, athletic trainers, and school nurses serving on the concussion oversight team and coaches of interscholastic athletics teams, undergo training to be approved by the IHSA.

Understanding Concussions

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. **Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear.** If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

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What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. The coach will notify the school nurse or, at LSHS, the athletic trainer. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

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Athlete and Parent Concussion Acknowledgement Form

Each student and student's parent/guardian are required to sign a concussion information receipt form before participating in an interscholastic athletic activity.

LISLE SENIOR HIGH SCHOOL

During the Lisle Senior High On-Line Registration Process, both parents and athletes electronically sign verifying this information has been provided and understood by both parent and athlete. Copies of this document may be printed or saved by the participant electronically.



Lisle Senior High School Protocol for Return to Play After a Head Injury

After an athlete has been evaluated by an athletic trainer or physician and it has been determined that the athlete has sustained a concussion, the following protocol will be used to safely progress their return to play. Under no circumstances will this protocol be accelerated.

There should be approximately 24 hours (or longer) for each stage, and the athlete should return to previous stages if symptoms recur. Resistance training should only be added in later stages.

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Success Goal of Each Stage
1. No activity	Complete physical and mental rest	Recovery (symptom free at rest)
2. Biking	Stationary cycling keeping intensity <70% maximum predicted heart rate (30 min. max)	Increase heart rate without symptoms
3. Running	Running while keeping intensity <70% maximum predicted heart rate (30 min. max)	Add movement without symptoms
4. Agility Exercises	Sport-specific exercises. No head-impact activities.	Add coordination and cognition without symptoms
5. Non-contact practice	Full practice without contact	Increase exercise, coordination, and cognitive load without symptoms
	May start progressive resistance training	
6. Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff without symptoms
7. Return to play	Normal game play	

Protocol established from: "Consensus statement on concussion in sport – The 3rd International Conference on concussion in sport, held in Zurich, November 2008." *Journal of Clinical Neuroscience*. (2009) 16:755-763

Return to Participation: It is determined that an athlete is able to return to play when they are symptom free at rest and at exertion, and have returned to a baseline state of any of the tests they were administered. **An athlete will not return to participation the same day as a concussive event. When returning athletes to play, they will follow the stepwise symptom-limited program outlined above.** Once the athlete has received clearance from a physician licensed in all branches, and/or the athletic trainer, they may return to play. If an athlete receives clearance from a physician, the athletic trainer still reserves the right to hold the athlete out of participation. A parent's consent is not a sufficient means for an athlete to return to participation.

Athletes who have not been cleared to participate cannot be in uniform for any games.

This protocol is implemented to promote compliance with: IHSA Return to Play Policy, IHSA Protocol for Implementation of NFHS Sports Playing Rule for Concussions, Illinois HB 0200, and City of Chicago Ordinance – Concussion Injuries in Student Athletes in Chicago Schools (Ch. 7-22 Municipal Code of Chicago) which outline that athletes exhibiting symptoms of a concussion cannot return to play until cleared by an appropriate health care professional. By signing this, I as a parent understand and will comply with Lisle Senior High School's Head Injury Protocol and Policy.

 Athlete's Name

 Parent's Signature

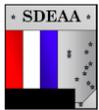
 Date

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Athlete and Parent Concussion Acknowledgement Form

LISLE JUNIOR HIGH

Student Name: _____ Grade: _____



The Southeast DuPage Elementary Athletic Association has adopted the following concussion management guidelines. The guidelines are consistent with those required by the Illinois High School Association (IHSA) and Illinois law.

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion. Concussions have the potential for serious complications if not managed correctly.

Common symptoms of concussion include:

Problems in brain functioning:

- Confused state
- Memory problems
- Lack of sustained attention

Symptoms reported by athlete:

- Nausea
- Blurred vision/ Dizziness
- Headache/Ringing in the Ears

No athlete may return to play or practice on the same day of a concussion or if concussion symptoms are present.

1. Any player who exhibits signs, symptoms or behaviors consistent with a concussion will be immediately removed from the game or practice and will not return to play until cleared ***in writing*** by a physician licensed in all branches of medicine. **No athlete suspected of having a concussion will return to the same practice or contest, even if symptoms clear quickly.**
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.

If you think your child may have suffered a concussion:

1. Seek medical attention from a physician licensed in all branches of medicine regardless how mild or quickly the symptoms clear;
2. Closely observe your child for several hours; and
3. Request a written statement from your health care professional indicating when it is safe for your child to return to play.

Remember, when in doubt, the athlete sits out. It is better to miss one game than miss the whole season.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Return to Learn Protocol

With the increasing prevalence of concussions, specific protocols for returning a student to learning after a concussion are essential because students typically appear physically well following a concussion. Educators, school administrators, and peers may not fully appreciate the extent of physical and cognitive symptoms experienced by a student with a concussion. The lack of apparent symptoms may make it difficult for school officials to recognize the need for academic accommodations for a student diagnosed with a concussion.

A concussion is a type of brain injury resulting from a bump, blow, or jolt to the head that causes the head and brain to move rapidly back and forth. A direct blow to the head is not required to cause a concussion; this type of injury can result from a hit to the body that transmits force to the head. The sudden, forceful movement can cause the brain to bounce around or twist in the skull, stretching or damaging the brain cells and causing chemical changes in the brain. Concussions affect people differently both physically and cognitively. Many students will recover within a few days or weeks and only experience brief symptoms. With a more serious concussion, symptoms can be prolonged and persist for many months or more. Additionally, research has suggested age plays a role in recovery. Younger students tend to experience more prolonged symptoms than older students. Thus, it is important not just for high schools but also for elementary and middle schools to have return-to-learn protocols that provide academic staff with guidance about how to provide appropriate classroom and learning plan accommodations for students diagnosed with concussions. Though a concussion may seem to be an ‘invisible injury’, a concussion can affect a student in many different ways: physically, cognitively, emotionally and with sleep.

Concussion Symptoms

Physical	Cognitive	Emotional	Sleep
Headache	Feeling mentally	Irritability	Trouble falling asleep
Dizziness	Feeling slowed down	Sadness	Sleeping more than usual
Balance difficulties	Difficulty	Nervousness	Sleeping less than
Nausea/vomiting	Difficulty remembering	More emotional than usual	Drowsy
Fatigue	Difficulty focusing		Altered sleep
Sensitivity to light			
Sensitivity to noise			
Visual Changes			

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Concussion symptoms can significantly impact a student's ability to learn. Physical symptoms such as headache, dizziness, and visual changes, may inhibit a student's ability to focus and concentrate. Cognitive symptoms may impact the ability of the student to learn, memorize and process information as well as stay on task with assignments and tests. Struggling with schoolwork may actually cause symptoms to increase. Students may experience feelings of frustration, nervousness and/or irritability both as a direct result of concussion and due to resulting academic difficulties.

Altered sleep schedules may result in fatigue and drowsiness throughout the day. Inadequate sleep can exacerbate the magnitude of symptoms the student may experience.

Knowledge about the potential effects of concussions on learning and appropriate management of the return-to-learn process is critical for helping students recover from a concussion. Concussions are both a medical and educational concern. Assessing problems with learning and school performance, and then making appropriate and necessary changes to a student's learning plan is a collaborative effort between the student's physician and the academic leaders at his/her school.

Of note, treatment and recovery from a concussion is an individualized process. Caution must be taken not to compare students diagnosed with concussions. Because every brain and every student are different, every concussion is different. Some students may not miss any school and may need relatively few accommodations. Others may endure several months of prolonged symptoms that can significantly affect academic performance and require extensive accommodations at school. The severity of a concussion is measured by how long the symptoms last. Thus, it is not possible to know how severe a concussion is until the student is fully recovered.

Maximizing a student's recovery potential following a concussion depends on timely implementation of two critical components: cognitive rest and physical rest. There is increasing evidence that using a concussed brain to learn may worsen concussion symptoms and prolong recovery. The goal during concussion recovery is to avoid overexerting the brain to the level of triggering or worsening symptoms. Determining the appropriate balance between the amount of cognitive exertion and rest is the hallmark of the student's learning plan and crucial for facilitating recovery. This balance is different for each concussion. Therefore, an individualized plan for returning to learn with accommodations is required, and should be frequently monitored and updated to allow for the student to progress academically as concussion symptoms improve.

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How can a concussion affect school performance?

- Slower processing speed
- Lapses in short-term memory
- Reduced/impaired concentration
- Slower to learn new concepts
- Shorter attention span
- More difficulty planning, organizing and completing assignments
- Slower reading
- Difficulty with reading comprehension

Elementary School

Compared to older students, elementary-aged children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue and other concussion symptoms.

Middle School

Peer relationships are very important to middle school students. This age group can be extremely sensitive to being different. Middle school students may try to minimize symptoms so as not to stand out. At this level, executive functioning such as goal setting and planning ahead is in greater demand. Therefore, time management of assignments and tasks may have a greater impact on academic performance.

High School

High school students are often very busy. Many students are enrolled in advanced classes and have one or more extra-curricular activities. Therefore, prioritizing activities in the student's learning plan and reducing overall demands becomes especially important with the high school student in order to reduce concussion symptoms.

When is a student ready to return to school after a concussion?

A student with a concussion should be evaluated by a licensed healthcare professional that has experience managing concussions for guidance about when it's safe to return to school as well as recommended appropriate levels of cognitive and physical activity throughout the recovery process. Providing appropriate support for a student returning to school after a concussion requires a collaborative team approach.

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Return-to-Learn Framework

A student with symptoms of a concussion should be evaluated by a physician or an athletic trainer with experience managing concussions. The physician will determine when the student is cleared to return to school as well as provide recommended levels of cognitive and physical activity throughout the recovery process. ***The Post-concussion Consent Form (RTP/RTL) approved by IHSA and IESA will be signed by the student and parents/guardians after medical clearance is given for Return-to-Learn and Return-to-Play.***

The school nurse will serve as the case manager for the concussed student and will work in conjunction with the student, family, healthcare professionals, certified athletic trainer and school personnel. The school nurse will also be responsible for ensuring all are informed and understand how to implement the student's accommodations as outlined by the student's medical team. To initiate the Return-to-Learn protocol, the student must be evaluated by a physician or athletic trainer and documentation provided to the school outlining cognitive and physical restrictions.

- The protocol should emphasize allowing the student to participate in the school day in a modified fashion so as not to worsen symptoms. Determining "how much is too much" may be a trial-and-error process.
- The student should be granted adequate time to complete missed academic work following recovery.
- The student should report to their case manager or school liaison daily in order to monitor symptoms and assess how the student is tolerating specific school accommodations (a symptom checklist is recommended), as well as assess how teachers and staff are implementing the modified learning plan.
- Following a concussion, students may not be ready to complete all required assignments. Educators can utilize a "mastery learning" approach emphasizing key concepts taught in brief units for each subject. Educators should assign work that promotes mastery of these concepts but should still limit non-essential assignments. Prioritizing essential course work helps students learn important subject matter while alleviating anxiety about making up missed assignments.

Phase 1: No School/Complete Cognitive and Physical Rest

Symptom Severity: In this phase, the student may experience high levels of symptoms that prohibit the student benefiting from school attendance and may cause symptoms to increase in intensity. During this stage, physical symptoms tend to be the most prominent and may interfere with even basic daily tasks. Many students are unable to tolerate being in the school environment due to severe headache, dizziness or sensitivity to light or noise.

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- **Treatment:** Emphasis on cognitive and physical rest to allow the brain and body to rest as much as possible.
- **Intervention Examples:**
 - No School
 - Avoid activities that exacerbate symptoms. Activities that commonly trigger symptoms include reading, video games, computer use, texting, television, and/or loud music.
 - Other symptom “triggers” that worsen symptoms should be noted and avoided in the effort to promote healing
 - No physical activity- this includes anything that increases the heart rate as this may worsen or trigger additional symptoms
 - No tests, quizzes or homework
 - Provide students with copies of class notes (teacher or student generated)

Phase 2: Part-Time School Attendance with Accommodations:

- **Symptom Severity:** In this phase, the student’s symptoms have decreased to manageable levels. Symptoms may be exacerbated by certain cognitive activities that are complex or of long duration. Often students can do cognitive activities but only for very short periods of time (5-15 minutes) so need frequent breaks to rest and “recharge their batteries”.
- **Treatment:** Re-introduction to school. Avoid environments and tasks that trigger or worsen symptoms. In the first few days of returning to school the goal is not to immediately start catching up on the missed work or learn new material. Rather the initial goal is simply to make sure the student can tolerate the school environment without worsening symptoms. This means the first few days often include just sitting in class and listening (no note-taking or reading). Once the student can tolerate this, he/she can try short intervals (5-15 minutes) of cognitive work per class. Again, determining how much is too much is a trial and error process.
- **Intervention Examples:**
 - Part-time school attendance, with focus on the core/essential subjects and/or those which do not trigger symptoms; prioritize what classes should be attended and how often. Examples: half-days, alternating morning and afternoon classes every other day; or attending every other class with rest in the nurse’s office, library or quiet location in between.
 - Symptoms reported by the student should be addressed with specific accommodations
 - Eliminate busy work or non-essential assignments or classes.
 - Limit or eliminate “screen time” (computers, phones, tablets, smart boards), reading and other visual stimuli, based on the student’s symptoms.
 - Provide student with copies of class notes (teacher or student generated)
 - No tests or quizzes.
 - Homework load based on symptoms. There should be no due dates on

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homework assignments. This allows students to work at a pace that does not exacerbate symptoms and reduces their anxiety about completing missed assignments. Many students have heightened anxiety during concussion recovery and due dates exacerbate this.

- Allow the student to leave class a few minutes early to avoid noisy, crowded hallways between class changes.
- No physical activity; including physical education.
- If this phase becomes prolonged and/or the student is unable to tolerate the school environment or do any work for even short periods of time, a tutor can be helpful (either in school or at home) to implement oral learning at a pace that does not worsen symptoms. A tutor can also help students organize their work and plan how they will spend their limited time studying (i.e. which assignment should I do first, second, third, etc.), as many students are unable to do this basic “executive function” task during concussion recovery.

Phase 3: Full-Day Attendance with Accommodations:

- **Symptom Severity:** In this phase, the student’s symptoms are decreased in both number and severity. They may have intervals during the day when they are symptom-free. Symptoms may still be exacerbated by certain activities.
- **Treatment:** As the student improves, gradually increase demands on the brain by increasing the amount, length of time, and difficulty of academic requirements, as long as this does not worsen symptoms.
- **Intervention Examples:**
 - Continue to prioritize assignments, tests and projects; limit students to one test per day or every other day with extra time to complete tests to allow for breaks as needed based on symptom severity
 - Continue to prioritize in-class learning; minimize overall workload
 - Gradually increase amount of homework
 - Reported symptoms should be addressed by specific accommodations; Accommodations can be reduced or eliminated as symptoms resolveNo physical activity unless specifically prescribed by the student’s medical team. If the student has not resolved their symptoms after 4-6 weeks, health care providers will often prescribe light aerobic activity at a pace and duration below that which triggers symptoms. This “sub-symptom threshold exercise training” has been shown to facilitate concussion recovery. The student can do this at school in place of their regular PE class, by walking, riding a stationary bike, swimming, or jogging. No contact sports are allowed until the student is completely symptom-free completing full days at school and requires no academic accommodations, and has received written clearance from a licensed health care professional.

Phase 4: Full-Day Attendance without Accommodations:

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- **Symptom Severity:** In this phase, the student may report no symptoms or may experience mild symptoms that are intermittent.
- **Treatment:** Accommodations are removed when student can participate fully in academic work at school and at home without triggering symptoms.
- **Intervention Examples:**
 - Construct a reasonable step-wise plan to complete missed academic work; an extended period of time is recommended in order to minimize stress
 - Physical activities as specified by student's physician (same as phase 3)

Phase 5: Full School and Extracurricular Involvement:

- **Symptom Severity:** No symptoms are present. The student is consistently tolerating full school days and their typical academic load without triggering any concussion related symptoms.
- **Treatment:** No accommodations are needed
- **Interventions:**
 - Before returning to physical education, physical activity and/or sports, the student should receive written clearance and complete a step-wise Return-to-Play Protocol as indicated by the licensed healthcare professional. The athletic trainer will complete the Return-to Play Protocol for high school students who are on an athletic team. The medical provider or parents/guardians will be responsible for a completed Return-to-Play Protocol for students not in athletics or students who attend a school without an athletic trainer.

Suggested Best-Practice Classroom Accommodations for concussed students

Easily Distracted

- Break down assignments into small chunks and shorten all assignments to essential materials only
- Provide a break before moving onto the next task
- Issue short and concise written instructions or have the student write instructions down
- Allow the student to take tests in a separate, quiet room. Give extended time to complete; as needed
- Move the student's seat to the front of the room
- Use color coding and/or highlighting to emphasize important information

Sensitivity to light and/or noise

- Move the student away from windows or dim the lights in the room
- Allow the student to wear sunglasses and/or a hat. (school nurse will provide this information)
- Allow the student to avoid assemblies and other loud events and to eat lunch in a quiet location
- Please allow short breaks (10-15 min), as needed, when in a noisy environment

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Memory problems

- Provide class notes or allow the use of a recorder for lectures
- Allow the use of fact sheets on tests to reduce the demand on memory
- Use multiple-choice and open-book tests (rather than short answer or essay)
- Consider oral discussion or oral test-taking

Difficulty with organizational skills and/or trouble being on time

- Encourage and assist with the use of a planner to keep track of assignments, tests and due dates
- Use diagrams, time lines and charts to organize information and projects
- Use “to-do” lists and checklists
- Check the student’s comprehension of directions or instructions and allow the student to restate the information
- Don’t call on the student for answers

Visual concerns

- Assign peer note-taker or provide copy of teacher notes
- Limit smart boards, computers, TV screens or other bright screen
- Have student lower brightness on computer monitor
- Enlarged font, when possible

Breaks

- Allow student to close eyes at desk or put head on desk to rest, as needed
- Allow student to see nurse, when needed

If concussion symptoms increase, it usually means the student is reaching a point of over-exertion and needs a break. Some students may only need periodic breaks throughout the school day while others may need more frequent breaks depending on the severity of symptoms.

Follow-Up Interview

Students are encouraged to meet with their case manager regularly to discuss progress, grades and status of make-up work. Additionally, the student’s case manager or concussion management leader should conduct an exit interview with the student within a week after he/she returns to full academic activity.

Ensuring a Student’s Return to Learning is Successful

- Education of school personnel about the goals of integrating a student into the classroom following a concussion is essential to reduce the likelihood of a student causing permanent damage to his/her academic record due to a concussion.
- Educate school staff about how concussions affect learning. Schools should

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take steps to ensure their staff understands the institutional or district procedures regarding return-to-learn policy.

- Distribute written responsibilities and expectations to each member of the concussion management team. Take time to explain the return to learn process to each member of the concussion management team prior to initiating a student's post-concussion academic plan can lead to better compliance.
- Emphasize that each member of the concussion management team has an important role and responsibility for ensuring success. Inadequate participation from one member of the concussion management team can affect the student's entire return-to-learn plan.

Privacy

The return-to-learn team should recognize that communication is essential for the success of the management plan. However, they should be aware that a student's medical and academic information is considered private and is protected by the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). The team should have a clear understanding of who is allowed to receive information regarding a student's medical and academic status. Team members should only discuss what is absolutely necessary to manage a student's return- to-learn plan. In compliance with requirements of the Illinois School Student Records Act that regulates how schools may share a "school student record" with a non-school employee, the student's parent or guardian (or student if s/he is over 18) must complete a Release of Medical Information (ROMI) if they would like the physician to speak with school staff about the student's medical care and provide guidance about how to implement the recommended accommodations. This release can be signed at the physician's office.

Documentation

The school nurse is responsible for completing the System Assessment for Concussion Protocol when the student returns to school. The student's case manager or assigned member of the concussion management team should take care to document the specifics of the learning plan, noting the dates when changes are made and the student's response in terms of symptoms. He/she should also record any instances where the students, parent, or school staff do not follow the recommended accommodations. This documentation should be kept in in compliance with the school districts policy regarding privacy.

Concussion symptoms can be subjective in nature, and therefore, it can be difficult to know when a student is reporting symptoms accurately. Communication and documentation among team members will help identify students who may be exaggerating symptoms. If a concern about the legitimacy of the student's complaints

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arises, the concussion management team must meet to discuss the student's situation and determine the appropriate course of action. In these instances, direct communication between the return-to-learn team and treating physician is imperative.

Formal Education Plans:

For students with prolonged symptoms who will require accommodations for several months, a formalized program may be implemented to ensure that the student's specific educational needs are being met by the school. Parents can work with school leaders to develop a 504 plan or individualized education program (IEP). The process is time intensive and requires extensive documentation, but does provide a legal document that describes the specific educational goals for the student and outlines the necessary accommodations to achieve them.

- **504 Plan:** Students with persistent symptoms and who require assistance to participate fully in school may be candidates for a 504 plan. A 504 plan will describe modifications and/or accommodations necessary to assist a student return to pre-concussion performance levels. This plan may specify that the student receive classroom and/or environmental adaptations, temporary curriculum modifications and/or behavioral strategies to assist with the learning plan.

Individualized Education Plan (IEP): Some students experience prolonged symptoms that adversely affect school performance and necessitate help in many areas of study. These individuals may benefit from an Individualized Education Plan (IEP). An IEP can be useful to formalize accommodations such as adjusting assignments, reducing the student's workload, modification of testing procedures and changes to the learning environment. Most students will not require an IEP. An IEP should be considered for students with chronic deficits that lead to impaired school performance.

The majority of students with a concussion will not require a 504 or IEP; however, a small percentage of students with chronic cognitive, physical or emotional deficits may require this level of support.

This document was adapted from Ann & Robert H. Lurie Children's Hospital of Chicago, Institute for Sports Medicine.

LISLE COMMUNITY UNIT SCHOOL DISTRICT 202
Student Athlete Concussions and Head Injuries Procedural Manual

SUMMARY OF 5-PHASE RETURN-TO-LEARN FRAMEWORK

PHASE 1: NO SCHOOL: COGNITIVE AND PHYSICAL REST

Symptoms

- High level of symptoms; Physical symptoms are typically most prominent
- Unable to tolerate school environment

Treatment

- Emphasis on cognitive and physical rest

Interventions

- No school; No physical activity; No homework
- Avoid activities and environments that exacerbate symptoms

PHASE 2: PART-TIME SCHOOL DAY ATTENDANCE WITH ACCOMMODATIONS

Symptoms

- Symptoms now manageable; Symptoms may be exacerbated by specific activities

Treatment

- Re-introduction to school with medical approval and Post-concussion Consent Form for RTL (IHSA/IESA) signed by student and parents/guardians
- Observation/listening only when returning to class followed by short intervals of cognitive work, as tolerated. Avoid aggravating environments and tasks

Interventions

- Focus on core subjects; Eliminate nonessential work; No physical activity
- No tests or quizzes; No due dates on assignments; Provide copies of class notes
- Allow to leave class early to avoid noisy halls; Consider a tutor; Frequent rest breaks

PHASE 3: FULL-DAY SCHOOL ATTENDANCE WITH ACCOMMODATIONS

Symptoms

- Symptoms decreased in number and severity; May have symptom-free intervals
- Symptoms may continue to be exacerbated by certain activities

Treatment

- Gradual increase of cognitive demands, as tolerated

Interventions

- Continue prioritizing assignments, test and projects
- Limit testing and allow extra time; Reduce accommodations as symptoms resolve
- No physical activity until prescribed by healthcare provider or trainer

PHASE 4: FULL SCHOOL DAY ATTENDANCE WITHOUT ACCOMMODATIONS

Symptoms

- No symptoms or mild, intermittent symptoms

Treatment

- Remove accommodations, as able

Interventions

- Develop a plan for completing missed work; Give extended time
- Written clearance needed by a healthcare provider or trainer before athlete starts RTP
- Post-concussion Consent Form for RTP (IHSA/IESA) signed by student and parents/guardians before RTP begins. Medical provider will complete RTP protocol if there is no athletic trainer assigned to a building

PHASE 5: FULL SCHOOL DAY ATTENDANCE WITH EXTRACURRICULAR ACTIVITIES

Symptoms

- No symptoms; Consistently tolerating full school days and academic load

Treatment

- No accommodations are needed

Interventions

- Healthcare Provider or trainer will fully clear athlete after RTP is completed

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Student Athlete Concussions and Head Injuries Procedural Manual

Lisle Senior High School
Return- to- Play Protocol Post- Concussion Consent Form



Post-concussion Consent Form
(RTP/RTL)



Date _____

Student's Name _____ Year in School 9 10 11 12

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), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, 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 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 _____

LISLE COMMUNITY UNIT SCHOOL DISTRICT 202
Student Athlete Concussions and Head Injuries Procedural Manual

Lisle Junior High School
Return- to- Play Protocol
Post- Concussion Consent Form



Post-concussion Consent Form
(RTP/RTL)



Date _____

Student's Name _____ Year in School 6 7 8

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), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, 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 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 _____

Lisle Senior High School Emergency Action Plan

Introduction

Emergency situations may arise anytime during athletic practices and competitions. Expedient action must be taken in order to provide the best possible care to the athlete during emergency and/or life threatening conditions. The development and implementation of an emergency action plan at Lisle Senior High School will help ensure that the best care will be provided to the student athlete.

Components of the Emergency Action Plan

- Emergency Personnel
- Emergency Communication
- Emergency Equipment
- Roles of the emergency team
- Basic Emergency Care Steps
- Emergency Contacts
- Venue Specific Information
- AED Locations in the school

Emergency Personnel

With practice and competition, the first responder to an emergency situation is usually a member of the sports medicine staff, typically a certified athletic trainer. The type and degree of sports medicine coverage for an athletic event may vary, based upon such factors as sport or activity, the setting, and the type if training or competition. In some cases the first responder may be a coach. In these instances certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency action plan review is strongly recommended for all personnel associated with practices, competitions, skills instruction, and strength & conditioning.

Emergency Communication

The Athletic Trainer always carries his/her cell phone and/or a radio that can communicate with administration and security staff. Additional fixed landlines are available from the school in the athletics office, and in athletic training room. Head coaches should carry a cell phone with them at all times in case of an emergency.

Activating EMS:

LISLE COMMUNITY UNIT SCHOOL DISTRICT 202
Student Athlete Concussions and Head Injuries Procedural Manual

1. Call 7-9-1-1 if on a school phone, call 9-1-1 from a cell phone.

2. Identify yourself, tell the dispatcher that you need an ambulance, and
 - a. Provide name, address, and telephone number
 - b. Number of individuals injured
 - c. Condition of the injured
 - d. First aid treatment, what is being provided and by whom
 - e. Location of incident and specific directions
 - f. Other information requested
 - g. Do not hang up until directed to do so by the operator.
3. Notify the Athletic Trainer
4. Designate someone to meet EMS and direct them to the site

Emergency Equipment

Automated External Defibrillator Kit (Located: outside of both gyms, in the balcony outside of the weight room, with the athletic trainer during games, teams practicing outdoors will be given their own kit each season).

1. Automated External Defibrillator
2. One set of Adult Defibrillator pads
3. Alcohol prep pads
4. Safety razor
5. One- one way valve pulmonary resuscitation mask
6. Scissors
7. Gloves
8. Spare battery

Personnel should be familiar with function and operation of all emergency equipment. Equipment should be in good operating condition and should be inspected on a regular basis by the athletic trainer.

Roles of the Emergency Team

In the case of life or limb-threatening situation an emergency team needs to be formed to properly care for the injured or ill athlete. The team will consist of four basic roles as outlined below. The roles of these individuals within the emergency team may vary depending on various factors such as number of members of the team, the athletic venue itself, or the preference of the athletic trainer.

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Student Athlete Concussions and Head Injuries Procedural Manual

1. Immediate Care of The Athlete

- a. The most qualified individual (to be referred to as the athletic trainer for the remainder of this section) on the scene will assume this role and is completely in charge of the situation until relieved by higher qualified individuals (Physician, EMS).
 - i. In the absence of AT this role goes to the most qualified individual at the site.
 - ii. This person needs to take control of the situation and work within their medical skill level.
- b. Triage of care, and assessment of injured athletes
- c. Decisions regarding treatment
- d. Make decision to activate EMS
- e. As it specifically relates to suspected head and neck injuries, the AT will be located at the head to stabilize the C-Spine until advanced medical personnel arrives for transport.

2. Emergency Equipment retrieval

- a. This role may be filled by anyone who is familiar with the emergency equipment listed previously and its location. Typical people for this role will be: coaches and other athletes.
- b. This person will retrieve any emergency equipment requested by the AT.
- c. Upon delivering the emergency equipment this individual may also perform the following duties as prescribed by the AT
 - i. Crowd control- no one should be allowed onto the accident scene other than police, EMS, or other trained personnel.
 - ii. Secure accident scene of all athletes
 - iii. Perform any other tasks as requested by the AT

3. Activation of Emergency Medical Services (EMS)

- a. This role may be filled by anyone who is calm under pressure, a good communicator, and is familiar with the venue.
- b. Individuals who fill this role may be: Athletic Director, coaches, or other athletes.
- c. EMS activation should be accomplished as soon as possible after a situation has been determined to be life or limb-threatening. The speed at which an athlete receives advanced life support medical care is of the utmost importance.

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Student Athlete Concussions and Head Injuries Procedural Manual

- d. Steps for EMS activation were outlined previously in the Emergency Communication section.
 - e. Once EMS has been activated this person needs to do the following
 - i. Notify AT that EMS is on the way
 - ii. Assign someone to do the final role, directing EMS or perform that role themselves
 - iii. Perform any other task as assigned by the AT.
- 4. Direct EMS to the site**
- a. This role may be filled by anyone at the site. People who will typically fill this role include: Athletic Director, Coaches, Athletes, Security Personnel, or Parents.
 - b. Once EMS is activated this person is responsible for:
 - i. Securing access points to the site
 - ii. Meeting EMS as they arrive
 - iv. Directing EMS to the injured athlete and clearing a path for them as necessary.
 - c. Perform any other tasks as assigned by the AT.

Note: A member of the athletics staff will accompany the student athlete to the hospital if parents are not present.

Basic Emergency Care Steps

In the absence of an athletic trainer, the role of immediate care of the athlete falls to the most qualified person present. Typically this will be a coach who should possess a current CPR certification. In the case that the person providing care is not someone with specific medical knowledge the following outlines basic procedures for care of an athlete in an emergency situation.

- 1. Assess the scene
 - a. Ensure that the athlete is safe to approach and a rescuer will not be in harm's way by approaching the athlete.
 - b. Ensure that the athlete is safe to remain where they are and are not in harm's way by doing so.
- 2. Evaluate and stabilize any injuries prior to any movement.
 - a. Immobilize suspected fractures and dislocations
 - b. Apply direct pressure to bleeding
 - c. Never move an athlete with a possible spine injury
- 3. Activate EMS
 - a. Call 7-9-1-1 if on a school phone, call 9-1-1 from a cell phone.
 - b. Identify yourself, tell the dispatcher that you need an ambulance, and
 - i. Provide name, address, and telephone number

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- ii. Number of individuals injured
- iii. Condition of the injured
 - v. First aid treatment, what is being provided and by whom
 - vi. Location of incident and specific directions
 - vii. Other information requested
 - viii. Do not hang up until directed to do so by the operator.
- 5. Notify the Athletic Trainer
- 6. Designate someone to meet EMS and direct them to the site

Emergency Contacts

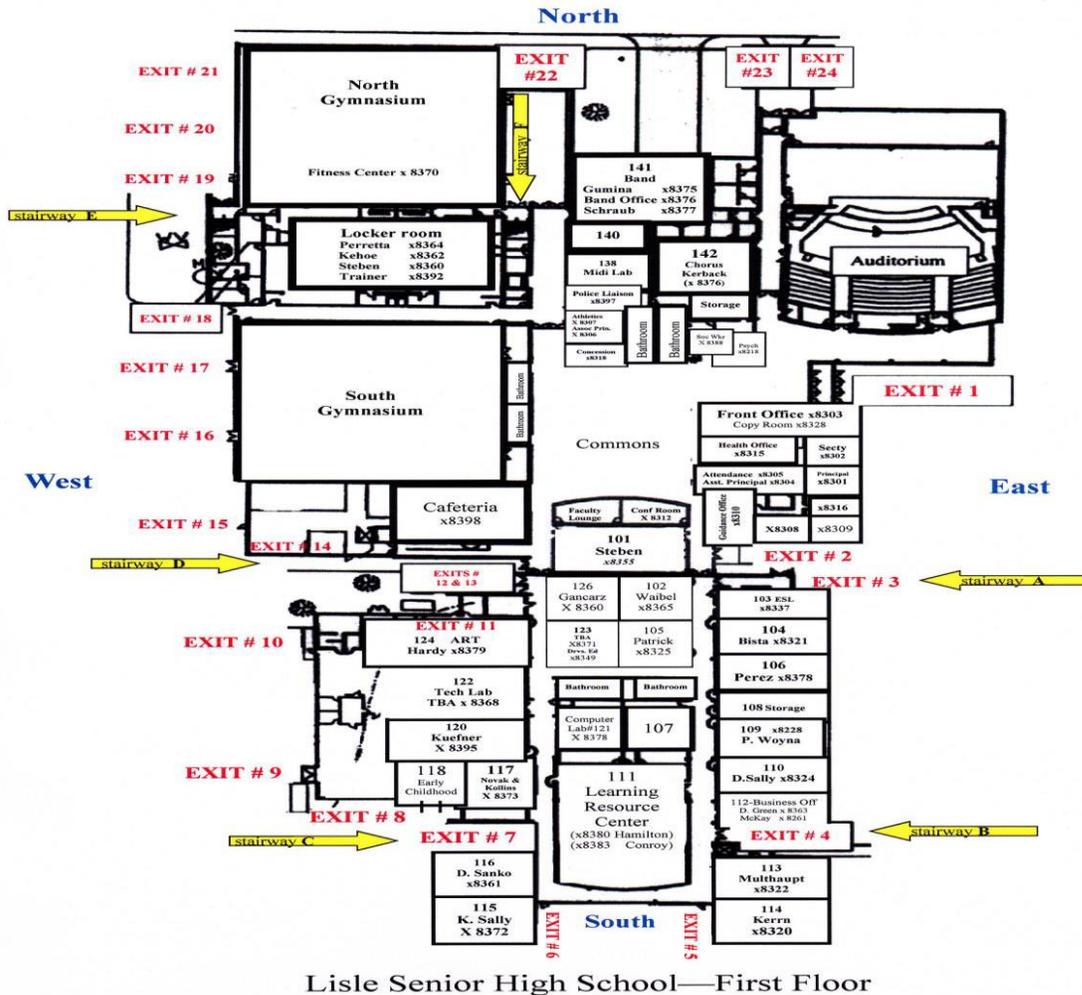
Emergency Medical Services	911
Lisle Police Department	630-271-4200
Lisle-Woodridge Fire Department	630-353-3030
Edward Hospital	630-527-3000
Advocate Good Samaritan	630-275-5900
Athletic Trainer	815-600-3908
Athletics Office	630-493-8306
Athletic Director	630-337-6292

LISLE COMMUNITY UNIT SCHOOL DISTRICT 202
 Student Athlete Concussions and Head Injuries Procedural Manual

North Gym EAP

Address: 1800 Short St. Lisle, IL. 60532

Venue Directions: Venue is accessible through Door 20 on the west side of the school.



Lisle Senior High School—First Floor

Emergency Personnel:

Certified athletic trainer

Emergency Communication:

Radio will be located at the scorer's/main table for contests.

Athletic Training Room: (630)-493-8392

Sean Hopkins Cell: (815) 600-3908

Emergency Equipment:

AED is located in the athletic training room. For contests there will be an AED on the scorers'/main table.

Role of First Responder:

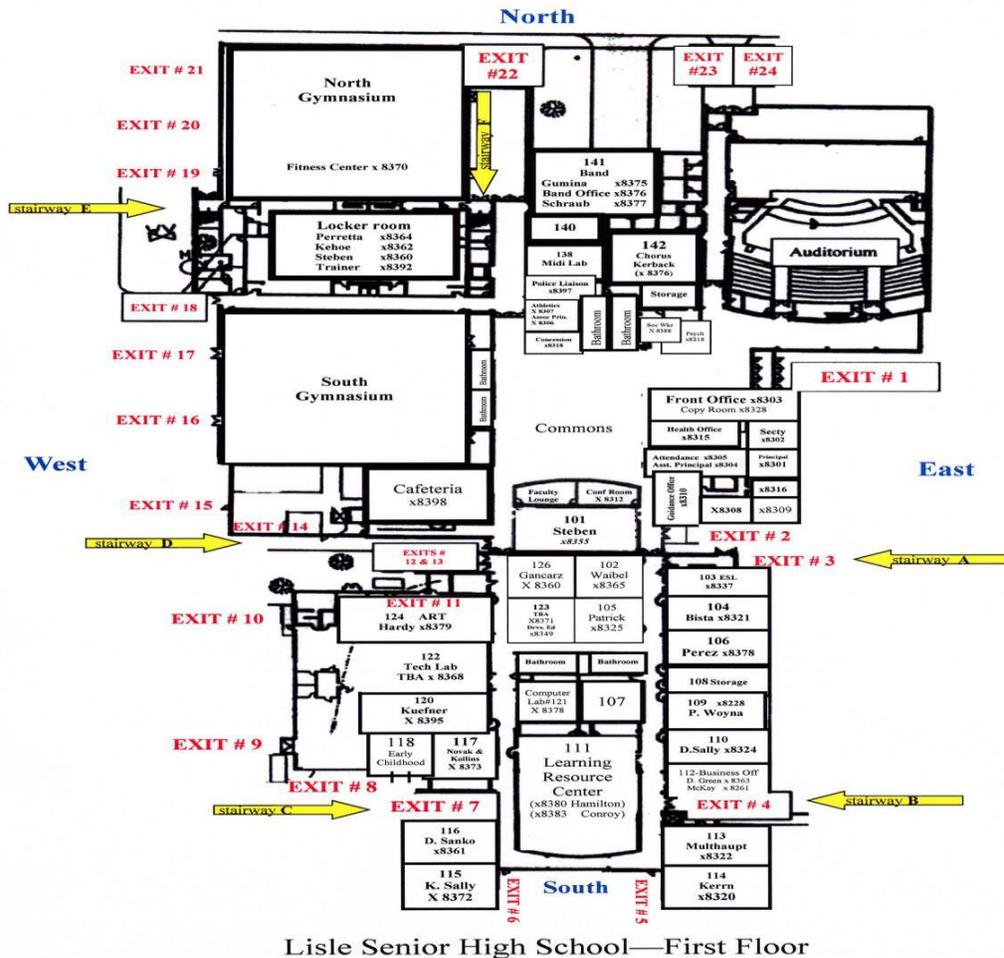
1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: Limit scene to first aid providers and move bystanders away from area

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 Student Athlete Concussions and Head Injuries Procedural Manual

South Gym EAP

Address: 1800 Short St. Lisle, IL. 60532

Venue Directions: Venue is accessible through Door 17 on the west side of the school.



Lisle Senior High School—First Floor

Emergency Personnel:

Certified athletic trainer

Emergency Communication:

Radio will be located at the scorer's/main table for contests.

Athletic Training Room: (630)-493-8392

Sean Hopkins Cell: (815)-600-3908

Emergency Equipment:

AED is located in the athletic training room. For contests there will be an AED on the scorers'/main table.

Role of First Responder:

1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: Limit scene to first aid providers and move bystanders away from are

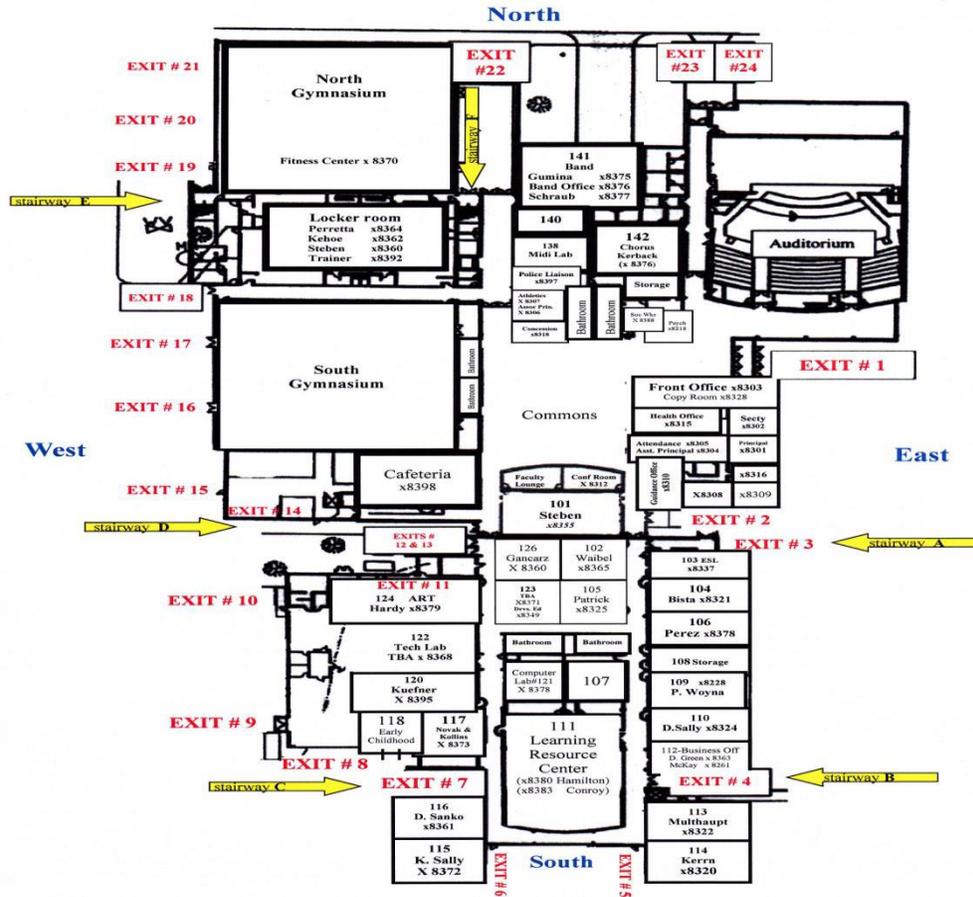
LISLE COMMUNITY UNIT SCHOOL DISTRICT 202

Student Athlete Concussions and Head Injuries Procedural Manual

Wrestling Balcony EAP

Address: 1800 Short St. Lisle, IL. 60532

Venue Directions: Venue is accessible through Door 19 on the west side of the school. The wrestling balcony is at the top of the stairwell through the double doors.



Lisle Senior High School—First Floor

Emergency Personnel:

Certified athletic trainer

Emergency Communication:

Coaches are to have their cell phones

Athletic Training Room: (630)-493-8392

Sean Hopkins Cell: (815) 600-3908

Emergency Equipment:

AED is located on the wall outside of the fitness center.

Role of First Responder:

1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate doors

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Student Athlete Concussions and Head Injuries Procedural Manual

Soccer practice field EAP

Address: 1800 Short St. Lisle, IL. 60532

Venue Directions: Enter the first parking lot located on the east side of the school. The practice field is adjacent to the parking lot.



Emergency Personnel:

Certified athletic trainer

Emergency Communication:

Coaches are to have cell phones on them.

Athletic Training Room: (630)-493-8392

Sean Hopkins Cell: (815)-600-3908

Emergency Equipment:

AED is on site with coaches.

Role of First Responder:

1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate doors

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Student Athlete Concussions and Head Injuries Procedural Manual

Wilde Field EAP

Address: 5207 Center Ave. Lisle, IL. 60532

Venue Directions: Enter the first parking lot located on the north side of the school. Follow the parking lot east to the field.



Emergency Personnel:

Certified athletic trainer

Emergency Communication:

Coaches are to have cell phones on them.

Athletic Training Room: (630)-493-8392

Sean Hopkins Cell: (815)-600-3908

Emergency Equipment:

AED is on site with Athletic Trainer and/or coach.

Role of First Responder:

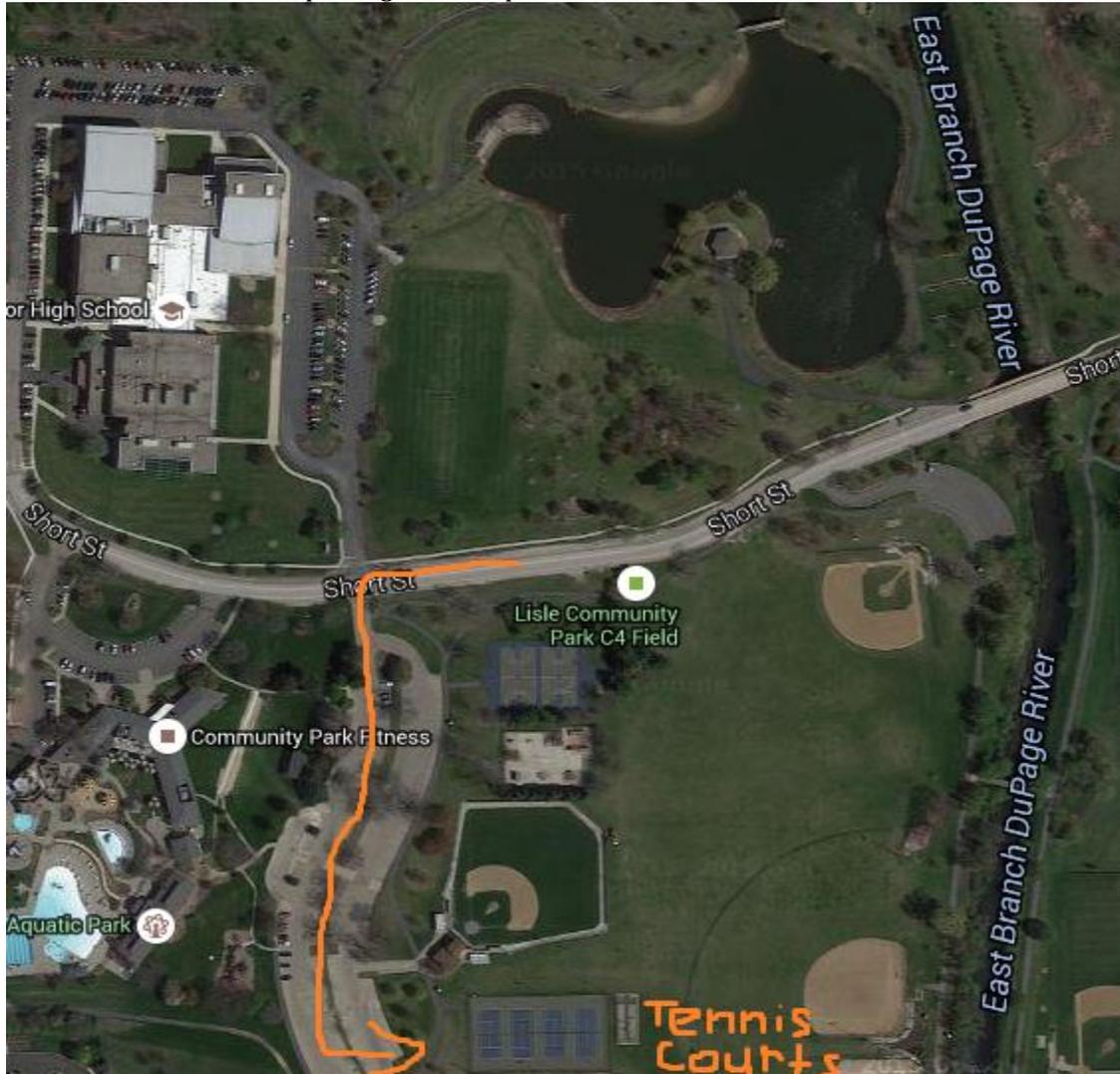
1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate gates

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Student Athlete Concussions and Head Injuries Procedural Manual

Community Park Tennis courts EAP

Address: 1825 Short St Lisle, IL. 60532

Venue Directions: The Park is located southeast of the high school. Enter the parking lot on the south side of Short Street. Follow the parking lot south past the baseball field and the tennis courts are on the left.



Emergency Personnel:

Certified athletic trainer

Emergency Communication:

Coaches are to have cell phones on them.

Athletic Training Room: (630)-493-8392

Sean Hopkins Cell: (815)-600-3908

Emergency Equipment:

AED is on site with Athletic Trainer and/or coach.

Role of First Responder:

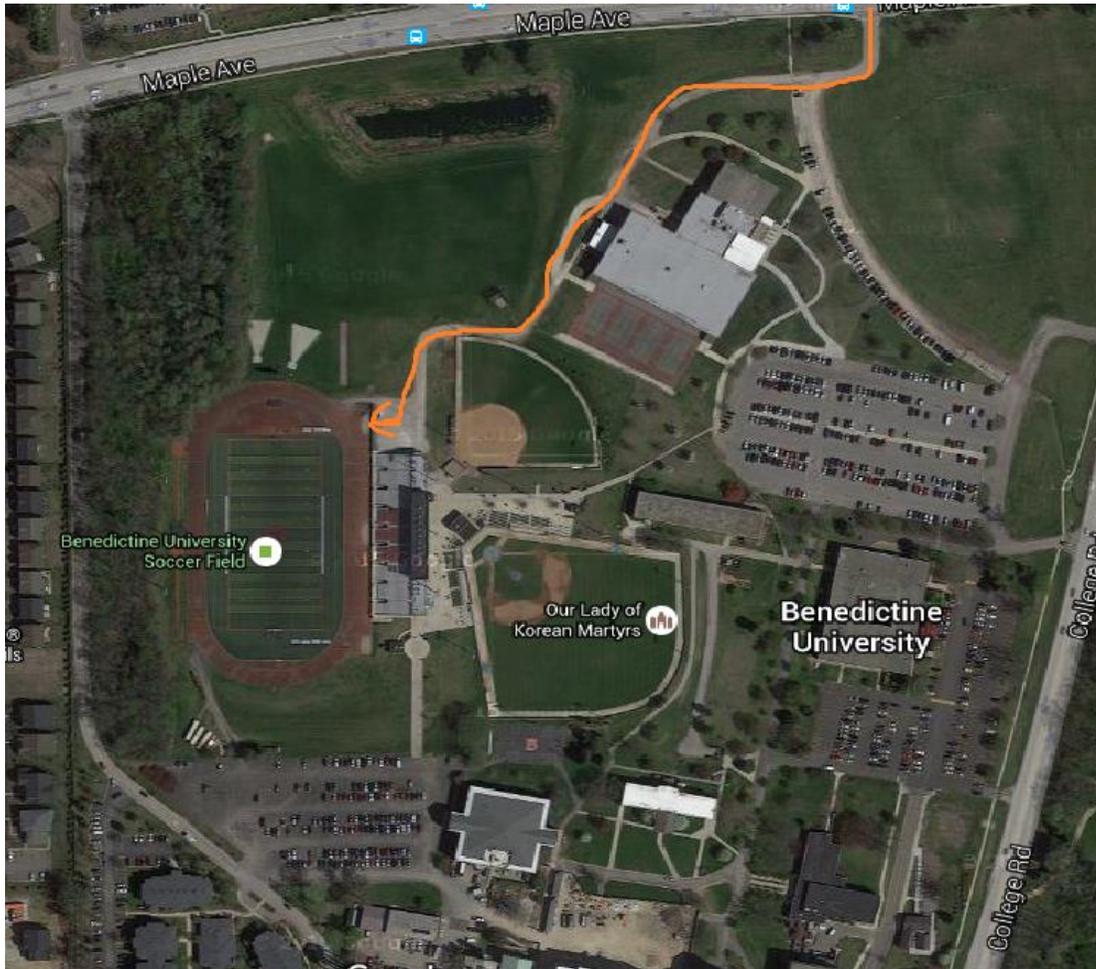
1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate gate

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Benedictine University EAP

Address: 5700 College Rd. Lisle, IL. 60532

Venue Directions: Entering from College Rd, enter at driveway marked Dan and Ada Rice Center. Follow the drive along the building toward Maple Ave. Just past the front of the building there is an access drive on the left. Follow road around the side of the building to the edge of the gravel. Athletic personnel will direct ambulance to exact location from here.



Emergency Personnel:

Certified athletic trainer

Emergency Communication:

Coaches are to have cell phones on them.

Athletic Training Room: (630)-493-8392

Sean Hopkins Cell: (815)-600-3908

Emergency Equipment:

AED is on site with Athletic Trainer and/or coach.

Role of First Responder:

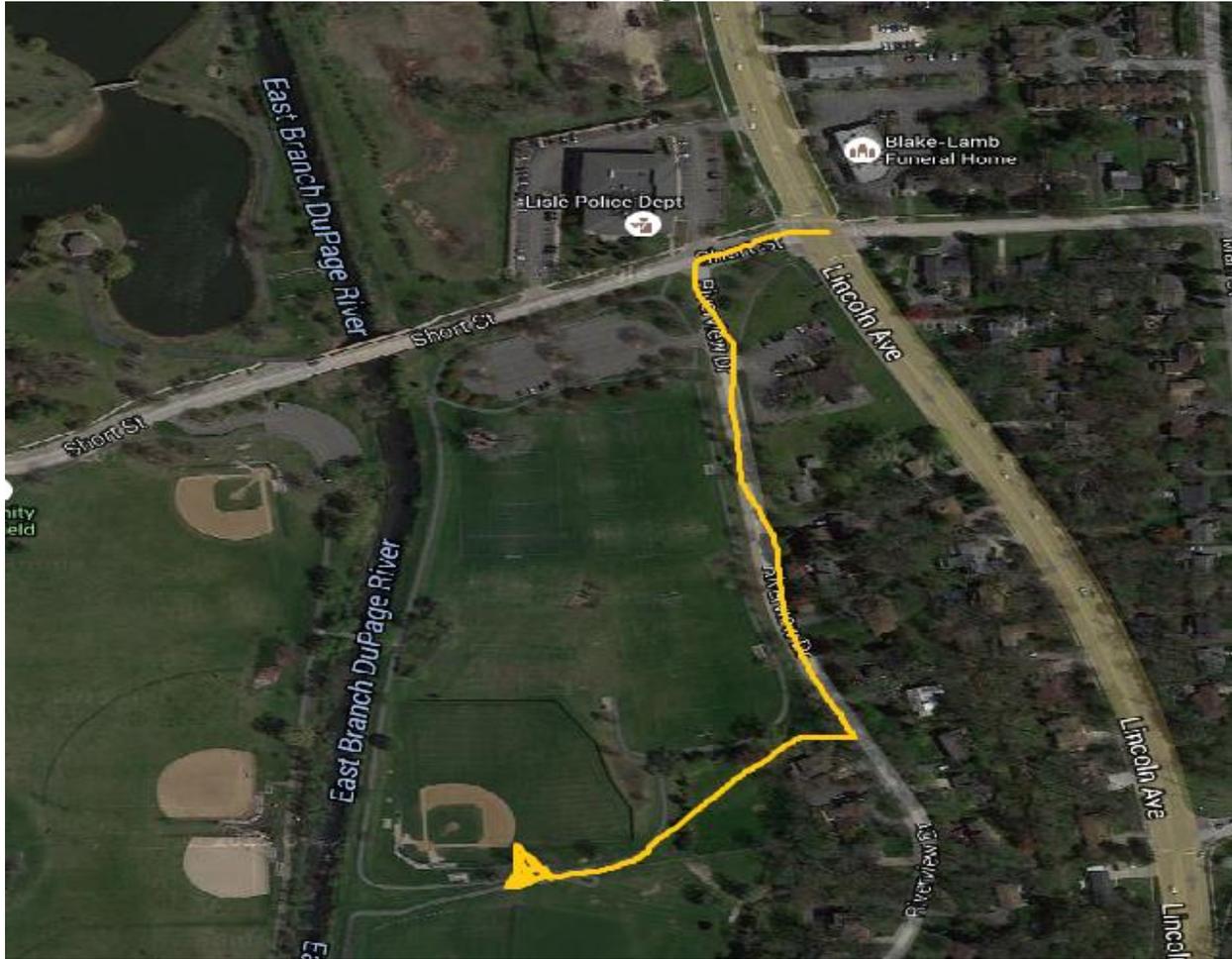
1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate gates

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Community Park Baseball Field 7 EAP

Address: 1825 Short St Lisle, IL. 60532

Venue Directions: The Park is located southeast of the high school. Turn down Riverview Drive.



Emergency Personnel:

Certified athletic trainer

Emergency Communication:

Coaches are to have cell phones on them.

Athletic Training Room: (630)-493-8392

Sean Hopkins Cell: (815)-600-3908

Emergency Equipment:

AED is on site with Athletic Trainer and/or coach.

Role of First Responder:

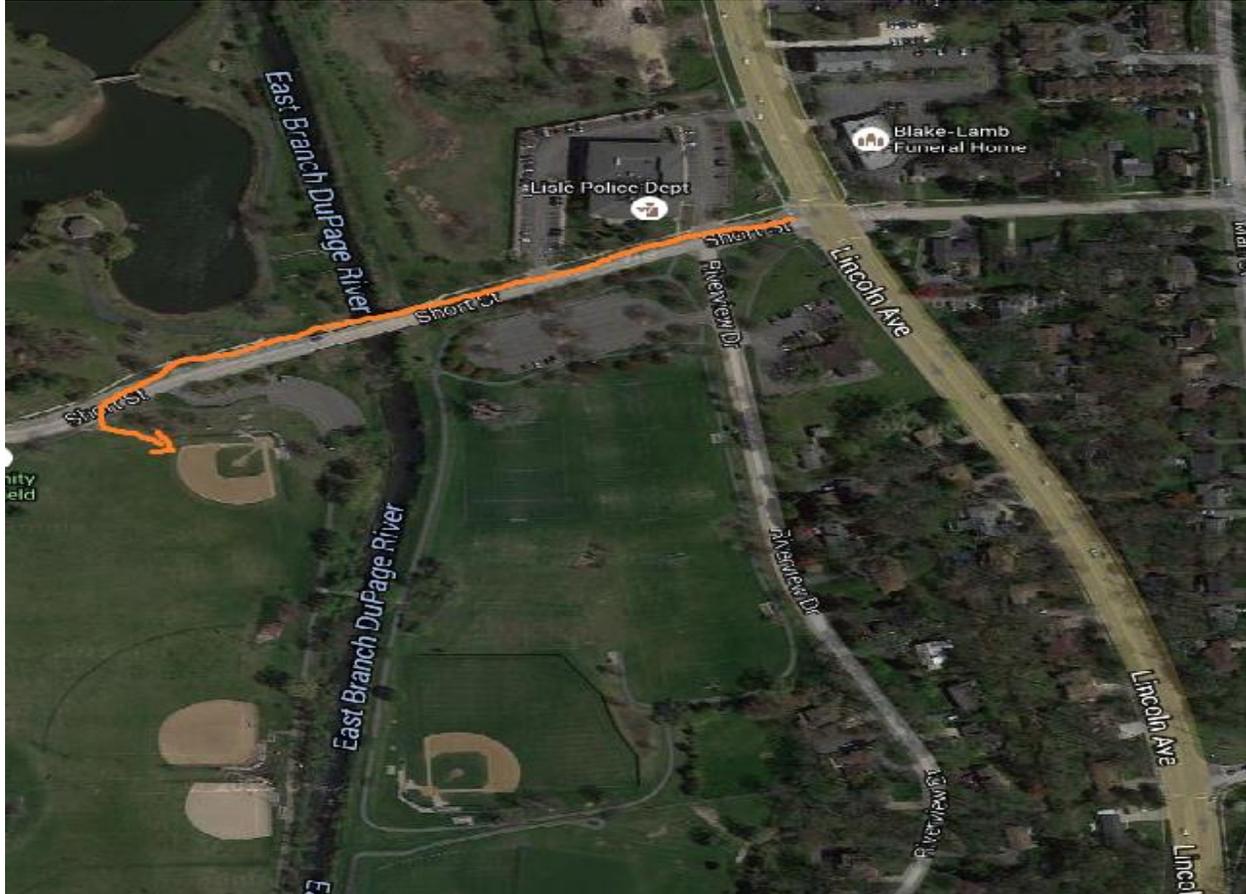
1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate gates

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Community Park Baseball Field 1 EAP

Address: 1825 Short St Lisle, IL. 60532

Venue Directions: The Park is located southeast of the high school. Turn off of Short St. via the emergency vehicle entrance on the south side of the street.



Emergency Personnel:

Certified athletic trainer

Emergency Communication:

Coaches are to have cell phones on them.

Athletic Training Room: (630)-493-8392

Sean Hopkins Cell: (815)-600-3908

Emergency Equipment:

AED is on site with Athletic Trainer and/or coach.

Role of First Responder:

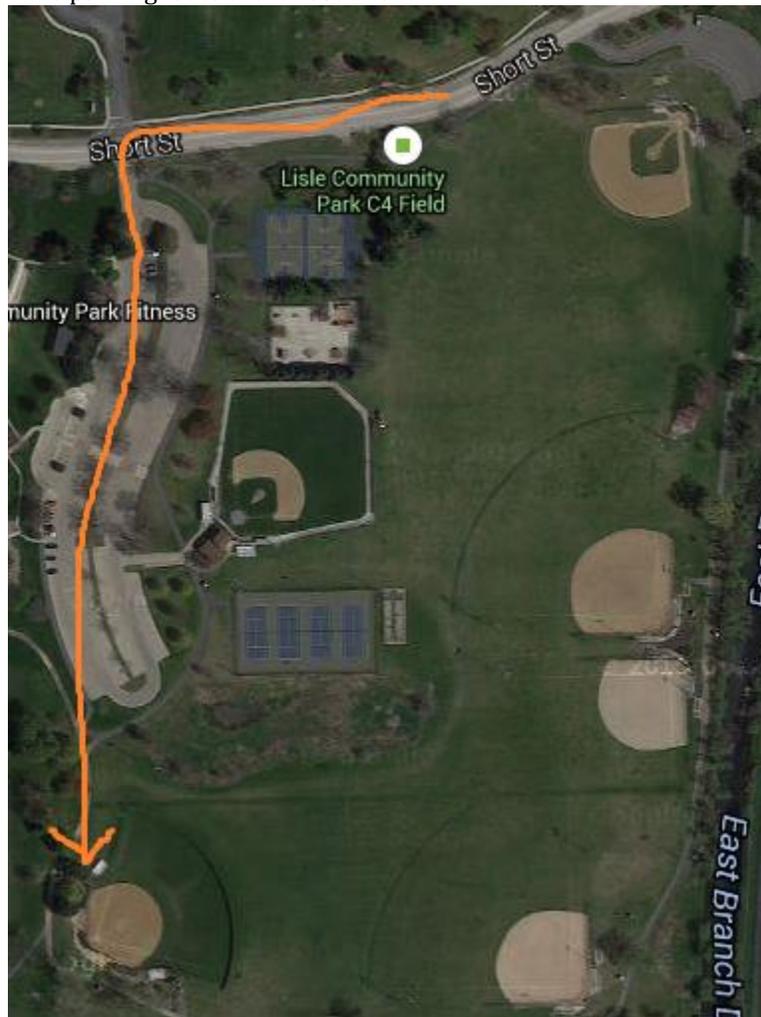
1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene

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Student Athlete Concussions and Head Injuries Procedural Manual

Community Park Softball Fields EAP

Address: 1825 Short St Lisle, IL. 60532

Venue Directions: The Park is located southeast of the high school. Enter the parking lot on the south side of Short Street. Follow the parking lot to the far south end.



Emergency Personnel:

Certified athletic trainer

Emergency Communication:

Coaches are to have cell phones on them.

Athletic Training Room: (630)-493-8392

Sean Hopkins Cell: (815)-600-3908

Emergency Equipment:

AED is on site with Athletic Trainer and/or coach.

Role of First Responder:

1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate gates

LSHS AED locations

- Main entrance of the school.



LISLE COMMUNITY UNIT SCHOOL DISTRICT 202
Student Athlete Concussions and Head Injuries Procedural Manual

-North Gym balcony



Lisle Junior High/Schiesher Elementary Emergency Action Plan

Introduction

Emergency situations may arise anytime during athletic practices and competitions. Expedient action must be taken in order to provide the best possible care to the athlete during emergency and/or life threatening conditions. The development and implementation of an emergency action plan at Lisle Junior High School will help ensure that the best care will be provided to the student athlete.

Components of the Emergency Action Plan

- Emergency Personnel
- Emergency Communication
- Emergency Equipment
- Roles of the Emergency Team
- Basic Emergency Care Steps
- Emergency Contacts
- Venue Specific Information
- AED Locations in the school

Emergency Personnel

With practice and competition, the first responder to an emergency situation may be the coach. In some cases the first responder may be provided depending on the event based upon such factors as sport or activity, the setting, and the type of training or competition. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency action plan review is strongly recommended for all personnel associated with practices, competitions, skills instruction, and strength & conditioning.

Emergency Communication

The coach carries his/her cell phone and/or a radio that can communicate with administration. Additional fixed landline from the school. Head coaches should carry a cell phone with them at all times in case of an emergency.

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Activating EMS:

Call 7-9-1-1 if on a school phone, call 9-1-1 from a cell phone.

Identify yourself, tell the dispatcher that you need an ambulance, and

- Provide name, address, and telephone number
- Number of individuals injured
- Condition of the injured
- First aid treatment, what is being provided and by whom
- Location of incident and specific directions
- Other information requested
- Do not hang up until directed to do so by the operator.

Notify a Lisle Junior High Administrator

Designate someone to meet EMS and direct them to the site

Emergency Equipment

Automated External Defibrillator Kit (Located: outside of gym, teams practicing outdoors will be given their own kit each season).

- Automated External Defibrillator
- One set of Adult Defibrillator pads
- Alcohol prep pads
- Safety razor
- One- one way valve pulmonary resuscitation mask
- Scissors
- Gloves
- Spare battery

Personnel should be familiar with function and operation of all emergency equipment. Equipment should be in good operating condition and should be inspected on a regular basis by the school nurse.

Roles of the Emergency Team

In the case of life or limb-threatening situation an emergency team needs to be formed to properly care for the injured or ill athlete. The team will consist of four basic roles as outlined below. The roles of these individuals within the emergency team may vary depending on various factors such as number of members of the team, the athletic venue itself.

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Student Athlete Concussions and Head Injuries Procedural Manual

Immediate Care of the Athlete

The most qualified individual (to be referred to as the coach for the remainder of this section) on the scene will assume this role and is completely in charge of the situation until relieved by highly qualified individuals (Physician, EMS)

- ii. This person needs to take control of the situation and work within their medical skill level.

Triage of care, and assessment of injured athletes

Decisions regarding treatment

Make decision to activate EMS

Emergency Equipment retrieval

This role may be filled by anyone who is familiar with the emergency equipment listed previously and its location. Typical people for this role will be: coaches and other athletes.

This person will retrieve any emergency equipment.

Upon delivering the emergency equipment this individual may also perform the following duties

Crowd control- no one should be allowed onto the accident scene other than police, EMS, or other trained personnel.

Secure accident scene of all athletes

Activation of Emergency Medical Services (EMS)

This role may be filled by anyone who is calm under pressure, a good communicator, and is familiar with the venue.

Individuals who fill this role may be: Coaches or other athletes.

EMS activation should be accomplished as soon as possible after a situation has been determined to be life or limb-threatening. The speed at which an athlete receives advanced life support medical care is of the utmost importance.

Steps for EMS activation were outlined previously in the Emergency Communication section.

Once EMS has been activated this person needs to assign someone to do the final role, directing EMS or perform that role themselves

Direct EMS to the site

This role may be filled by anyone at the site. People who will typically fill this role include: Coaches, Athletes, Administrator, or Parents.

Once EMS is activated this person is responsible for:

Securing access points to the site

Meeting EMS as they arrive

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Directing EMS to the injured athlete and clearing a path for them as necessary.

Note: A member of the staff will accompany the student athlete to the hospital if parents are not present.

Basic Emergency Care Steps

In the absence of an EMS, the role of immediate care of the athlete falls to the most qualified person present. Typically this will be a coach who should possess a current CPR certification. In the case that the person providing care is not someone with specific medical knowledge the following outlines basic procedures for care of an athlete in an emergency situation.

Asses the scene

Ensure that the athlete is safe to approach and a rescuer will not be in harm's way by approaching the athlete.

Ensure that the athlete is safe to remain where they are and are not in harm's way by doing so.

Evaluate and stabilize any injuries prior to any movement.

Immobilize suspected fractures and dislocations

Apply direct pressure to bleeding

Never move an athlete with a possible spine injury

Activate EMS

a. Call 7-9-1-1 if on a school phone, call 9-1-1 from a cell phone.

b. Identify yourself, tell the dispatcher that you need an ambulance, and

i. Provide name, address, and telephone number

ii. Number of individuals injured

iii. Condition of the injured

ix. First aid treatment, what is being provided and by whom

x. Location of incident and specific directions

xi. Other information requested

xii. Do not hang up until directed to do so by the operator.

Notify the Lisle Junior High Administrator

Designate someone to meet EMS and direct them to the site

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LJH Emergency Contacts

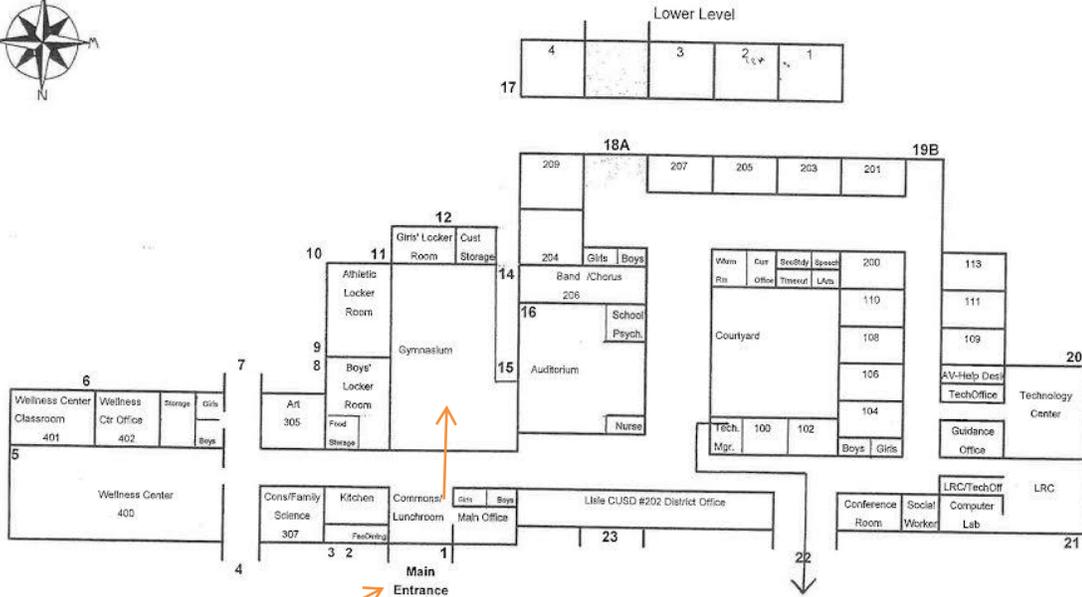
Emergency Medical Services	911
Lisle Police Department	630-271-4200
Lisle-Woodridge Fire Department	630-353-3030
Edward Hospital	630-527-3000
Advocate Good Samaritan	630-275-5900
Lisle Junior High, Principal	815-847-0938
Lisle Junior High, Assistant Principal	815-621-3879
Lisle Junior High Office	630-493-8200

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Lisle Junior High Gym EAP

Address: 5207 Center Ave Lisle, IL. 60532

Venue Directions: Venue is accessible through Door 1



Lisle Junior High School
 5207 Center Avenue
 Lisle, Illinois 60532
 (630) 493-8200 phone
 (630) 493-8209 fax

Exits are denoted in bold type

82009

Emergency Personnel:

EMS

Emergency Communication:

Lisle District Office 630-493-8000

Contact Administrator Cell: 815-847-0938

Emergency Equipment:

AED is located in Commons Area outside the gym.

Role of First Responder:

1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: Limit scene to first aid providers and move bystanders away from area

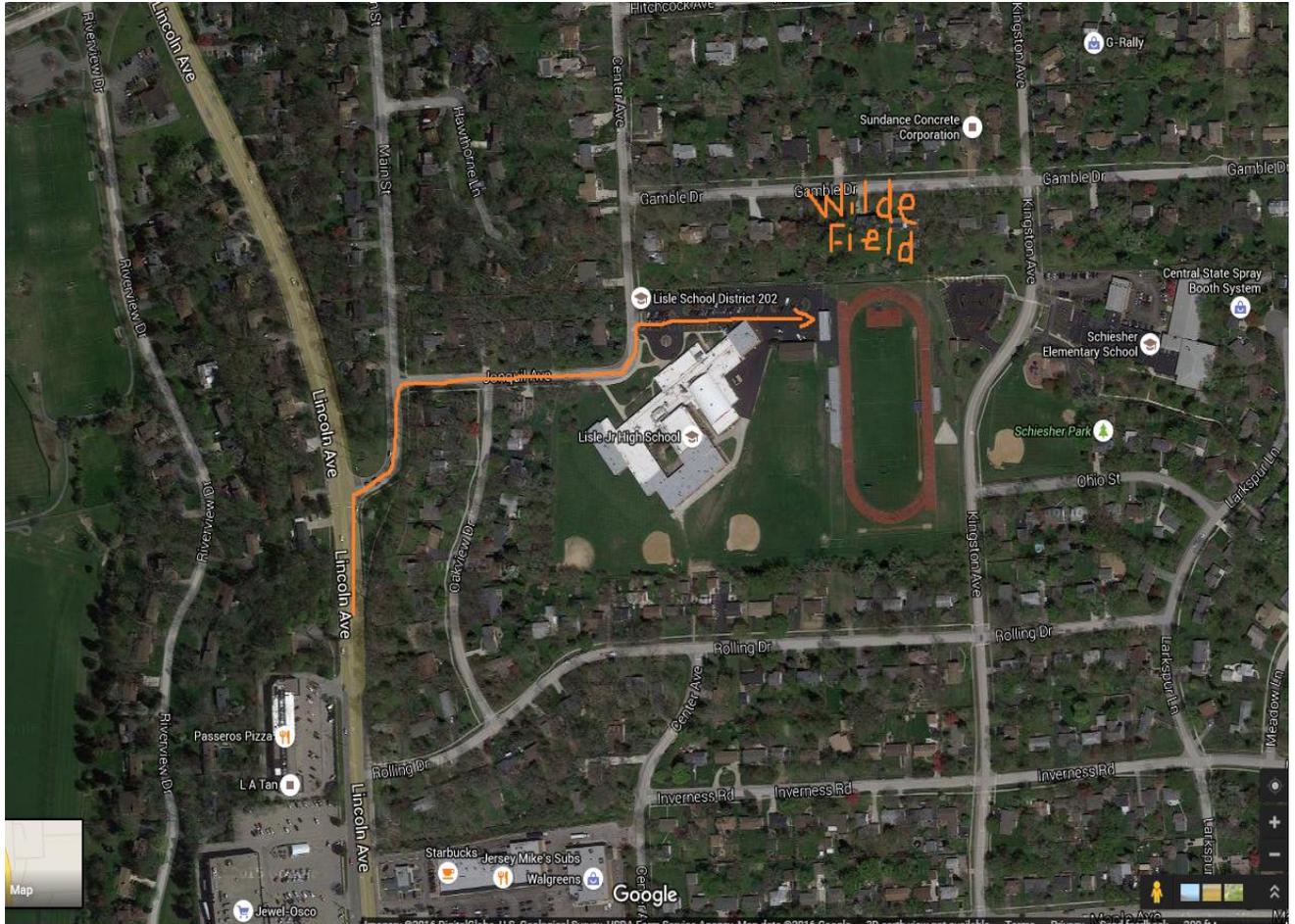
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Wilde Field EAP

Address: 5207 Center Ave. Lisle, IL. 60532

Venue Directions: Enter the first parking lot located on the north side of the school. Follow the parking lot east to the field.

Football Track Soccer



Emergency Personnel:

Call 9-1-1

Emergency Communication:

Coaches are to have cell phones on them.

Lisle District Office 630-493-8000

Contact Administrator Cell: 815-847-0938

Emergency Equipment:

AED to be on site with coach.

Role of First Responder:

1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene
 - a. Open appropriate gates

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Lisle Junior High Soccer Field EAP

Address: 5207 Center Ave. Lisle, IL. 60532

Venue Directions: Enter the first parking lot located on the north side of the school. Follow the parking lot east to the field.



Emergency Personnel:

Call 9-1-1

Emergency Communication:

Coaches are to have cell phones on them.

Lisle District Office 630-493-8000

Contact Administrator Cell: 815-847-0938

Emergency Equipment:

AED to be on site with coach.

Role of First Responder:

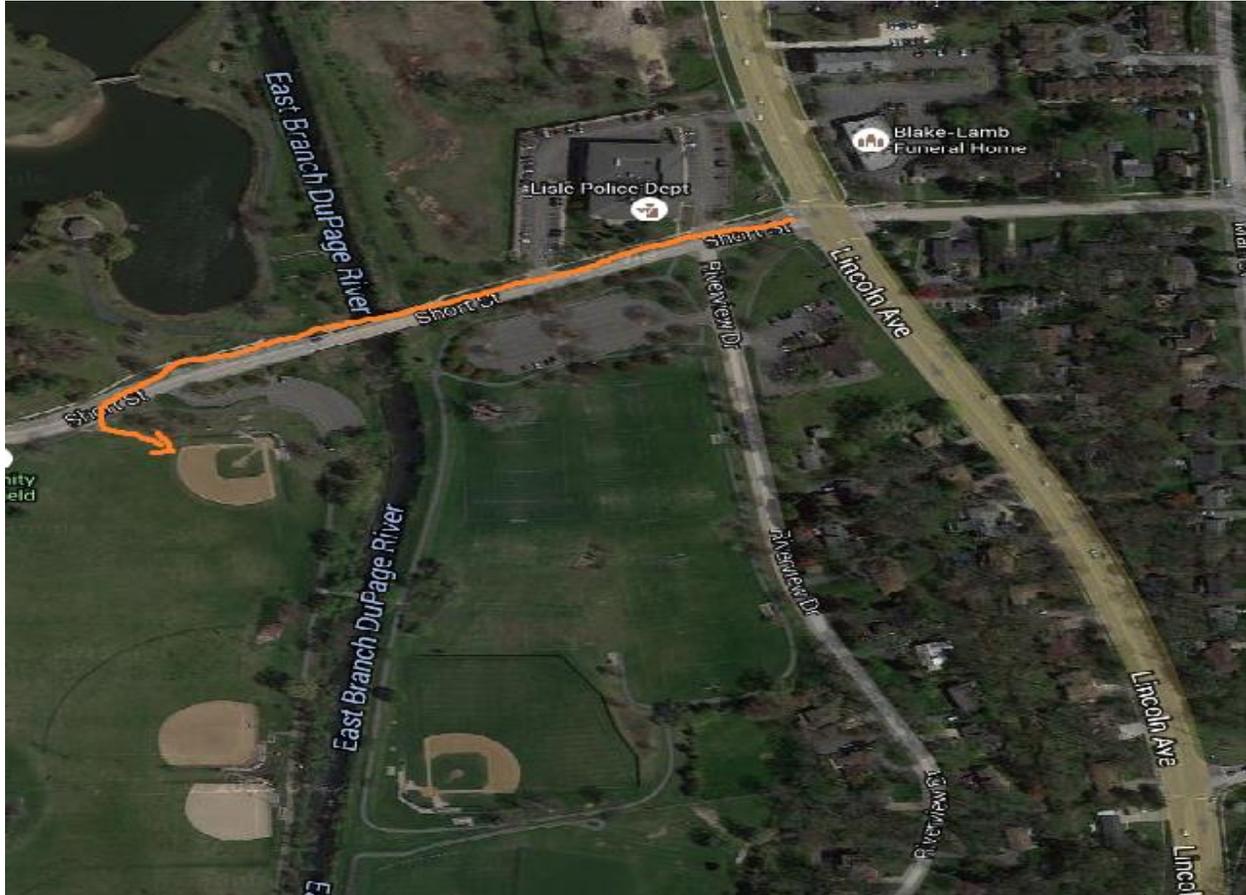
1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene

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Community Park Baseball Field 1 EAP

Address: 1825 Short St Lisle, IL. 60532

Venue Directions: The Park is located southeast of the high school. Turn off of Short St. via the emergency vehicle entrance on the south side of the street.



Emergency Personnel:

9-1-1

Emergency Communication:

Coaches are to have cell phones on them.

Lisle District Office 630-493-8000

Contact Administrator Cell: 815-847-0938

Emergency Equipment:

AED is to be on site with coach.

Role of First Responder:

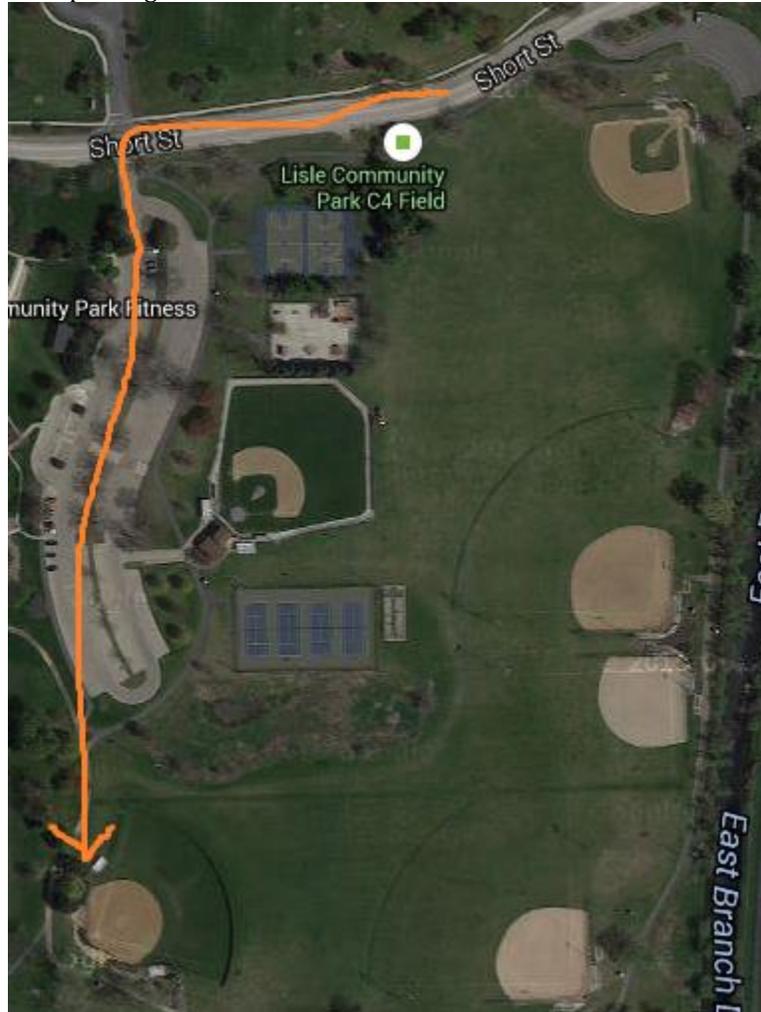
1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene

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Community Park Softball Fields EAP

Address: 1825 Short St Lisle ,IL. 60532

Venue Directions: The Park is located southeast of the high school. Enter the parking lot on the south side of Short Street. Follow the parking lot to the far south end.



Emergency Personnel:

9-1-1

Emergency Communication:

Coaches are to have cell phones on them.

Lisle District Office 630-493-8000

Contact Administrator Cell: 815-847-0938

Emergency Equipment:

AED is to be on site with coach.

Role of First Responder:

1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene

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Lisle Junior High AED location

- **Commons Area outside Gym.**

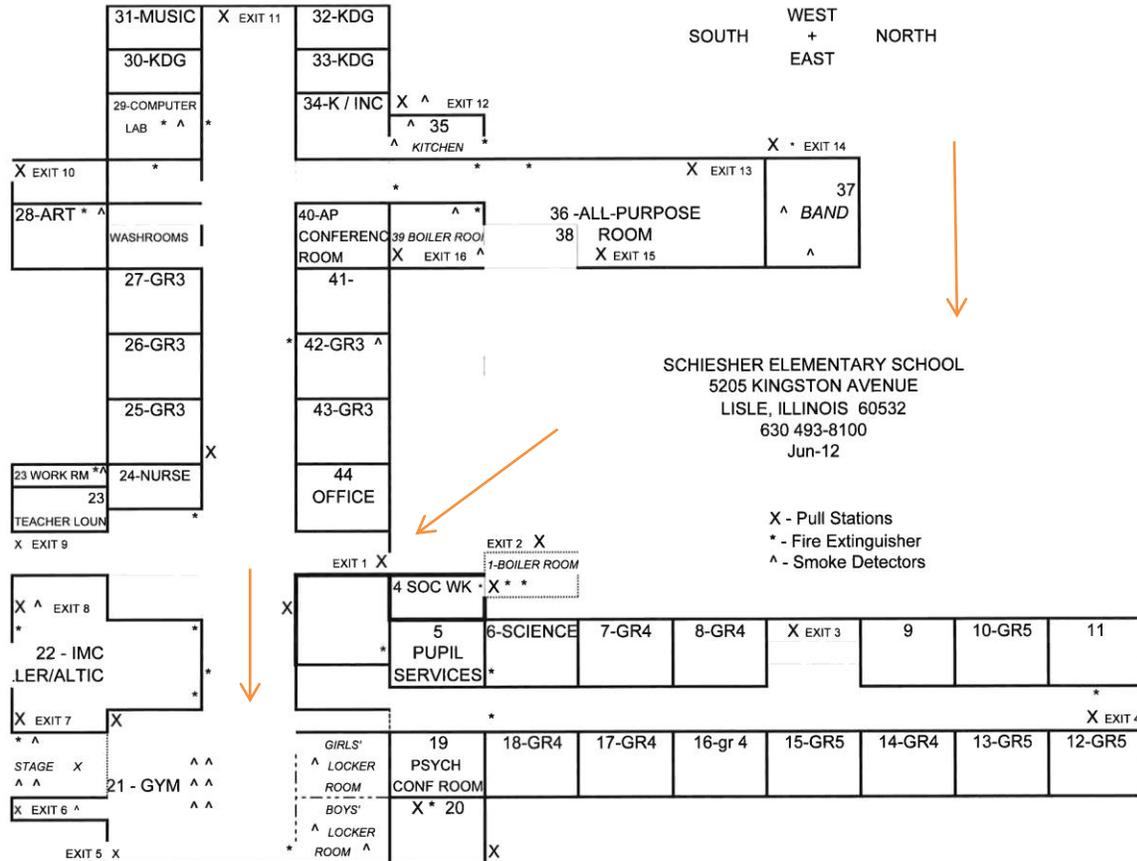


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Schiesher Elementary Gym EAP Wrestling

Address: 5205 Kingston Ave. Lisle, IL. 60532

Venue Directions: Venue is accessible through Door 1 .



Emergency Personnel:

Call 9-1-1

Emergency Communication:

Coaches are to have cell phones on them.

Lisle District Office 630-493-8000

Contact Administrator Cell: 815-847-0938

Emergency Equipment:

AED is located in main entrance hallway outside gym.

Role of First Responder:

1. Immediate care of injured or ill student-athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9-1-1
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene

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Schiesher Elementary AED Location

-Main entrance #1 hallway outside main gym



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Concussion Oversight Team

Each district is required to approve a Concussion Oversight Team (COT). The COT is responsible for developing and implementing the Return-to-Play and Return-to-Learn protocols based on peer reviewed scientific evidence consistent with Guidelines from the Center for Disease Control and Prevention.

Lisle Community Unit School District 202 Oversight Team met on August 27, 2015, January 6, 2016, and February 23, 2016 to review current information and develop the Student Athlete Concussions and Head Injuries Procedural Manual. The manual is reviewed yearly by the concussion oversight team members. The following are members of the Lisle 202 Concussion Oversight Team:

Position
LSHS Athletic Trainer
LSHS Associate Principal Athletic Director
LSHS School Nurse
LSHS Assistant Principal
LJH Assistant Principal
LJH School Nurse
LJH Athletic Coordinator
Director of Student Services

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Resources

Center for Disease Control and Prevention

<http://www.cdc.gov/HeadsUp/index.html>

<http://www.cdc.gov/headsup/youthsports/>

National Center for Injury Prevention and Control

<http://www.cdc.gov/headsup/youthsports/training/index.html>

Lurie Children's Hospital Concussion Guide

<https://www.luriechildrens.org/en-us/care-services/specialties-services/institute-for-sports-medicine/concussion-program/Documents/updated-return-to-learn-guide.pdf>