

## **St. Joseph Catholic School – Concussion Protocol**

In August of 2015, the State of Illinois signed into law Senate Bill 07 (Public Act 99-245), known as **Youth Sports Safety Act**. This act focuses primarily on concussion management, and requires all schools to develop a *Concussion Protocol* and a *Return to Play* (RTP) policy by no later than September 1, 2016. The bill also requires the formation of a *Concussion Oversight Team* (COT) which is responsible for protocol development, and assuring protocols are known and followed by those individuals responsible for their implementation.

### **Concussion Oversight Team (COT):**

- The Concussion Oversight Team will consist of the School Principal and Athletic Director, along with various other participants when needed.

### **Concussion Policy:**

- Pre-Season: All parents and athletes will be given the CDC Concussion Information Sheet and will sign the SIJHSAA Concussion Fact Sheet before playing any school-sponsored sport.
- Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.
- If it is determined by a licensed health care professional that the student did *not* sustain a concussion, the head coach may so advise the game officials during an appropriate stoppage of play, and the athlete may re-enter the contest.
- If it is confirmed by a licensed health care professional that the student *did* sustain a concussion, that student may *not* re-enter the contest, and is subject to the school's Return to Play Policy (RTP).
- If a licensed health care professional cannot or will not make a determination on the nature of an athlete's head injury, the athlete becomes subject to the school's RTP Policy, and may not re-enter the competition.
- If there is no approved health care professional on site to make the determination, the student may *not* re-enter the competition, and becomes subject to the school's Return to Play Policy (RTP).

### **Licensed Health Care Professional:**

- A Physician licensed to practice medicine in all its branches in Illinois
- Certified Athletic Trainers (ATC)

### **Game Officials:**

- Game officials will have no role in determining concussion other than obvious situations where a player is unconscious or apparently unconscious. Officials may point out to a coach that a player is apparently injured and advise the coach that the player should be examined.

## **Coaches:**

- Coaches will follow all concussion protocols. If an athlete exhibits signs, symptoms, or behaviors consistent with a concussion, coaches must remove the player from that contest until they can be evaluated by a licensed health care professional as defined within this policy. If no licensed health care professional is available, the player automatically becomes subject to the school's Return to Play Policy (RTP).
- Coaches must complete and pass an IHSA approved Concussion Awareness Program prior to beginning their coaching career and every two-years thereafter.

## **Athletes:**

- Shall notify a coach if the athlete or a teammate shows signs or symptoms of a possible head injury
- Shall abide by all concussion and RTP protocols

## **Parents/Guardians:**

- Shall annually review, sign, and return to the school, a concussion and head injury information sheet prior to their student initiating practice or competition.
- Shall provide their student's school with the necessary written consent in accordance with Illinois state law prior to their student's return to participation following a concussion.

**Return To Play Policy (RTP):** In cases where an athlete is not cleared to play the same day as he/she is removed from a contest for a possible head injury (i.e., concussion), that athlete becomes subject to the school's RTP. The athlete shall not return to *play or practice* until they are evaluated by, and receive written clearance from, a licensed health care provider. As defined within this policy that would include physicians licensed to practice medicine in all its branches in Illinois (MD/DO) or certified athletic trainers (ATC) working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.

## **Emergency Action Plan**

An *emergency* is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an athlete to the hospital. This action plan is intended to define roles and outline procedures to be followed should an emergency occur.

Situations when 911 should be called

- An athlete is not breathing
- An athlete loses consciousness
- It is suspected that the athlete has sustained a serious neck or back injury
- An athlete has a compound fracture (bone has broken through the skin)
- Severe heat exhaustion or heat stroke
- Severe bleeding that cannot be stopped

## Chain of Command

- St. Joseph School Principal
  - St. Joseph School Athletic Director
  - An on-site Licensed Health Care Physician
  - Certified Athletic Trainer (ATC)
  - Head Coach
  - Assistant Coach(es)
  - Other Athletes
1. The highest person in the chain of command who is present at the scene will be the designated person in charge. That person is responsible for instructing others how they may be of help, and will be the person who stays with the athlete until the EMS arrives. The welfare of the injured athlete is always foremost, therefore immediate care in some form is vital. Proceed as judgement dictates until EMS arrives.
  2. If a severe emergency occurs when a trained medical professional is not present, immediately call 911 to activate Emergency Medical Services.
  3. The highest person in the Chain of Command will make the call to EMS or will designate another person to make the call. EMS should be told:
    - Name and title of caller (administrator, coach, etc.)
    - Address of venue
    - Number of athletes injured
    - Condition of the athlete
    - Any first aid treatment already initiated
    - Directions on how to get to the venue where athlete is located
    - Caller should not hang up until directed to do so by EMS
  4. The school administration and staff will make every effort to ensure that a clear path exists for EMS services to access campus locations when sporting events are being held.
  5. The designated leader will send runners to all intersections between where the athlete is located and the venue-specific site. The runners should stay at their sites and wave the ambulance through to the proper location.
  6. The leader will designate another person to make contact with the athlete's parents or guardians.
  7. If transport is deemed necessary by EMS the athlete will be taken to the nearest hospital, unless requested otherwise by parents or guardians.

Concussion Oversight Team for 2017-18: Carol Potter, Principal; Jodi Schneider, Athletic Director; Erin Ranes, Board of Education Member; Dirk Rosenberg, M.D. parish representative

## Authorization to Return to Play and Learn

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

St. Joseph School, Olney, IL

Illinois law provides that a student removed from an interscholastic athletics practice or competition for a suspected concussion during such an activity or practice may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until certain requirements have been met. Board policy also requires that certain requirements be met before a student suspected of suffering a concussion at any time or place be allowed to practice or compete in an interscholastic sports or intramural activities, participate in the physical activity portion of any physical education class in which the student is enrolled, or be considered fully recovered for purposes of participating in scholastic activities without informal or formal accommodations, modifications of curriculum, or monitoring by a medical or academic staff.

To comply with those requirements, this form must be completed for any student who has suffered or is suspected of having suffered a concussion at any time or place, including during an interscholastic athletics practice or competition, before the student is allowed to return to play (in either interscholastic or intramural activities), to physical education activities, or to learn without informal or formal accommodations, modifications of curriculum, or monitoring by a medical or academic staff.

The physician and parental portions of this form should be completed first by the physician and the parent and returned to your school's building administrator. Administration will then complete the remaining portions before allowing the student to return to play, physical education activity, or learn.

**I. To be completed by the physician**

Illinois law and School District 54 Board policy require a student who has suffered a concussion or a suspected concussion to be evaluated using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, by a treating physician (chosen by the student or the student’s parent or guardian or another person with legal authority to make medical decisions for the student) and to submit a written statement from the treating physician indicating that, in the physician’s professional judgment, it is safe for the student to return to play and learn, before the student can participate in interscholastic or intramural athletic activities, the physical activity portion of the student’s physical education class, and educational activities without accommodations, modifications, or monitoring. The student identified on this form is seeking such evaluation and clearance from you via completion of this form.

Physician Name & Office Name (if any): \_\_\_\_\_

Office Address: \_\_\_\_\_

Please check or provide information for every box:

- I am an Illinois licensed physician.
- The parent has provided me a copy of the Incident Report Form and any other information regarding the incident from the student’s school at the time of the injury.
- Date of evaluation: \_\_\_\_\_
- In my professional judgment, it is safe for the student to **return-to-play** in interscholastic sports or intramural athletics.
- If it is not safe to **return-to-play**, (provide more information here): \_\_\_\_\_  
\_\_\_\_\_
  
- In my professional judgment, it is safe for the student to return to learn without accommodations, modifications, or monitoring.
- If it is not safe **to return-to-learn**, please see the attached recommendations.

Provide any other pertinent information to be considered by the school here:

\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. To be completed by the parent/guardian**

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

Address: \_\_\_\_\_

You must agree to all of the following before your student can return to play, return to physical education activity, and return to learn without accommodations, modifications, or monitoring.

- I am the student's parent or guardian or another person with legal authority to make medical decisions for the student.
- I or my student chose the treating physician identified in Part I of this form to evaluate the student.
- I have been informed of the return-to-play and return-to-learn protocols and consent to the student participating in returning to play.
- I understand the risks associated with the 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.
- 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 written statement in Part I and any return-to-play or return-to-learn recommendations of the treating physician or the athletic trainer contained therein.
- I understand that all sports can involve many risks of injury and that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I agree, in consideration of the School District permitting my child to return to play, to indemnify and hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with my child's return to play. I assume all responsibility and certify that the student is in good physical health and is capable of returning to play.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. To be completed by the administration**

Administrator's Name and Title: \_\_\_\_\_

Every box must be checked for the student to return to play.

- I am not the coach of an interscholastic team.
- The student has successfully completed each requirement of the following protocols:
  - Return-to-play protocol
  - Return-to-learn protocol

I authorize the student to:

- Return to play and physical education activities. If not checked, the student should not be allowed to participate in such activities as determined by his/her physician.
- Return to learn without accommodations, modifications of curriculum, or monitoring by a medical or academic staff. If not checked, the student should followed the plan provided by the student's physician.

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_