

Hawthorn School District 73  
Vernon Hills, IL  
Concussion Management Plan

In accordance with Illinois House Bill 200, and the IESA by-laws, Hawthorn School District 73 has proactively developed a Concussion Management Plan for its coaches, parents, and student athletes. The intent of this document is to provide an educational resource in the area of student concussions and head injuries. In simple terms, there are three provisions of the new concussion law for you to be aware of:

- I. Each school board shall adopt a policy regarding student athlete concussions and head injuries that is in compliance with the protocols, policies, and the by-laws of the Illinois Elementary Athletic Association (IESA). The IESA policy pertaining to concussions may be found at: <https://www.iesa.org/activities/concussions.asp>
- II. Information on the school board's concussion and head injury policy must be a part of any agreement, contract, code, or other written instrument that a school district requires a student athlete and his or her parents or guardian to sign before participating in practice or interscholastic competition.
- III. Each school district shall use education materials to educate coaches, student athletes, and parents and guardians of student athletes about the nature and risk of concussions and head injuries, including continuing play after a concussion or head injury. Training is supposed to be implemented by the IESA. Most of our staff is currently certified under the CDC "*Concussion in Youth Sports*".

**ROLE:** The certified coach is the point person in the event of a head injury/concussion. The athlete is to be referred to the registered school nurse. In the event the nurse is not on site, a certified administrator is to be contact. In the event of unconsciousness, 911 will be immediately contacted.

**EVALUATION:** Management of a concussion begins with a base-line assessment (from training), which is conducted by our coaches. Proper evaluation of a concussion entails monitoring symptoms, as well as basic sideline screenings. Examples of such screenings would be the Standardized Assessment of Concussions and Graded Symptom Checklist. Parent/guardian will be contacted in the event of a head injury/suspected concussion.

**REFERRAL:** All suspected concussions must be referred on to a physician. It is the administrator's discretion if the athlete should be sent to an Emergency Room for closer evaluation. Signs such as abnormal pupil response, abnormal cognition, abnormal vital signs, or a sudden increase in amount and/or severity of symptoms should warrant an immediate referral to the Emergency Room.

**RETURN TO PARTICIPATION:** Once it has been determined that an athlete has sustained a concussion; they must be removed from athletic participation immediately. The athlete must remain removed from participation until they are symptom free at rest. Upon being symptom free at rest, the student athlete may

begin a progression back to sports participation. Under no circumstances will this protocol be accelerated. There should be at least 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	Success of Each Stage
No Activity	Complete physical/mental rest	Recovery (symptom free at rest)
Biking	Stationary cycling (30 min)	Increase heart rate w/o symptoms
Running	Running (30 min)	Add movement w/o symptoms
Agility Exercise	Sport specific exercises-no head impact activities	Add coordination w/o symptoms
Non-Contact Practice	Full practice w/o contact	Increase exercise w/o symptoms
Full Contact Practice	Following medical clearance	Access functional skills w/o symptoms
Return to Play	Normal game play	Normal game play

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. Once the athlete has received clearance from a physician, the athlete may return to play. However, if an athlete receives clearance from a physician, the coach and/or administration may still reserve 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.

## CONCUSSION INFORMATION SHEET

A concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.

### *Concussion Signs and Symptoms:*

#### Physical Symptoms

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light
- Sensitivity to noise

#### Cognitive Symptoms

- Difficulty thinking clearly
- Difficulty concentrating
- Difficulty remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy or groggy
- Fatigue/Sleepiness
- Loss of appetite

\_\_\_ Numbness or tingling  
\_\_\_ Does not “feel right”

\_\_\_ Ringing in the ears

#### Emotional Symptoms

\_\_\_ Irritable  
\_\_\_ Sad  
\_\_\_ More emotional than usual

\*\* If any signs/symptoms worsen, take your child to the ER immediately. Symptoms may linger for several days.

#### *Concussion Facts:*

1. Symptoms can be subtle, such as a headache or feeling sluggish.
2. Some symptoms may not surface until 48 to 72 hours after injury.
3. Recovery is different from person to person, thus recovery time cannot and should not be pre-determined until after medical evaluation and post-concussion evaluation by a medical professional.

#### *Concussion Myths:*

1. You have to have loss of consciousness to have sustained a concussion.
  - a. Studies show that less than 10% of concussions result in loss of consciousness.
2. Concussions are only a result of a direct blow to the head.
  - a. A concussion can be sustained by a sudden, violent movement of the head caused by an unexpected external force to the body.
3. You need to wake someone every 20 minutes.
  - a. Although it is important to check on someone periodically, it does not have to be every 20 minutes. Once every 2-3 hours is sufficient.

#### *Management of a Concussion:*

When a concussion is suspected, it should be brought to the attention of a coach, nurse, administrator, and/or a physician for further evaluation. What to avoid and do when a concussion is suspected:

Things that should be considered so recovery is not delayed:

- Avoid any loud noises (music, television, band practices, or listening to an iPod)
- Avoid texting, reading, video game, typing, or internet use. All of these activities cause an increase in cognitive function that puts a strain on the brain.
- If studying is needed to be done for a quiz or test the next day or the next week, the school nurse or guidance counselor should be contacted and made aware that a concussion is suspected and postponement of any quizzes or exams may be needed.

- Staying home from school may be recommended if concussed individual wakes up or begins to experience headache right away.

This protocol is implemented to promote compliance with: IHSA Return to Play Policy, IESA Protocol for Implementation of Sports Playing Rule for Concussions, and Illinois HB 0200.

