



**Scales Mound
Community School District 211**

**Concussion Management Plan
2022-2024**

Introduction:

A concussion is a brain injury that is 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. You cannot see a concussion and signs and symptoms of concussions are not always immediately apparent. All concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.

This document is the protocol that Scales Mound Community Unit School District 211 will use to manage students with concussions and determine if that student is ready to “Return to Learn” or “Return to Play.”

Concussion Oversight Team:

Physician:	Dr. Greg Vandigo, M.D.
Administration:	Dr. Marybeth DeLaMar, Superintendent Dr. Matt Wiederholt, Principal
Nurse:	Mrs. Annie Timmerman, School Nurse
Athletic Trainer:	Megan Weber, Midwest Medical Center Athletic Training Coordinator
Staff:	Mr. David Wiegel, Athletic Director

Definitions and Requirements:

Public act 99-0245 was enacted and signed by Governor Bruce Rauner. The act is effective as of August 3, 2015.

A. Definitions:

1. Definition of a Coach:
“Coach” means any volunteer or employee of a youth sports league who is responsible for organizing and supervising players and teaching them or training them in the fundamental skills of extracurricular athletic activities provided by the youth sports league. “Coach” refers to both head coaches and assistant coaches.
2. Definition of Concussion:
“Concussion” means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns and which may or may not involve a loss of consciousness.
3. Definition of Sponsored Youth Sports Activity:
“Sponsored youth sports activity” means any athletic activity, including practice or competition, for players under the direction of a coach, athletic director, or band leader of a youth sports league, including, but not limited to, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming

and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, wrestling, and any other sport offered by a youth sports league.

4. Definition of a Youth Sports League:

“Youth Sports League” means any incorporated or unincorporated, for-profit or not-for-profit entity that organizes and provides sponsored youth sports activities, organization or federation in this State that is owned, operated, sanctioned, or sponsored by a unit of local government or that is owned, operated, sanctioned, or sponsored by a private person or entity, as well as any amateur athletic organization or qualified amateur sports organization in this State under the U.S. Internal Revenue Code.

B. **Requirements:**

The Youth Sports Concussion Safety Act requires:

1. The school board must:

- a. Adopt a policy on concussion.
- b. Approve a concussion oversight team.
- c. Approve school-specific action plan(s) for interscholastic athletic events.
- d. Monitor the effectiveness of Board policy 7:305, *Student Athlete Concussions and Head Injuries*.

2. The superintendent:

- a. Identifies individuals to serve on the Concussion Oversight Team.
- b. Requires all high school coaching personnel, including the head and assistant coaches, and athletic director to obtain an online concussion certification in accordance with 105 ILCS 25/1.15.
- c. Requires the following individuals to complete concussion training every two years:
 - i. Coaches (whether volunteer or a District employee)
 - ii. Assistant coaches (whether volunteer or a District employee)
 - iii. Nurses or physicians serving on the Concussion Oversight Team
 - iv. Athletic trainers
 - v. Game officials
- d. Identifies staff members who are responsible for student athletes, including Building Principal(s), and require that they comply with IHSA concussion protocol, policies, and by-laws.
- e. And Building Principal(s) develops and maintains a specific emergency action plan for interscholastic athletic activities.

3. The Concussion Oversight Team shall

- a. Establish a Return-to-Learn protocol that is based on peer-reviewed scientific evidence consistent with the Centers of Disease Control and Prevention guidelines.
- b. Establish a Return-to-Play protocol that is based on peer-reviewed scientific evidence consistent with the Centers of Disease Control and Prevention guidelines.

4. The Building Principal(s):

- a. Along with the Superintendent, develop and maintain school-specific emergency action plans.
- b. Require coaches, assistant coaches, athletic trainers and other staff members who are responsible for student athletes to:

Concussion Management Plan 2022-2024

- i. Review and abide by the IHSA protocols, policies and by-laws regarding concussions and head injuries.
 - ii. Provide information to student athletes and their parent/guardian each school year about concussions.
 - iii. Maintain appropriate school student records for student athletes.
 - iv. Perform all duties identified by law or described in the concussion procedures.
5. Student participants must:
- a. Each school year, sign concussion information receipt form before participating in an activity.
 - b. Annually view IHSA's video about concussions.
6. Coaches must:
- a. Complete concussion training as specified in the Youth Sports Concussion Act (105 ILCS 5/22-80(h)) by September 1.
 - b. High school coaches must complete the IHSA's online concussion certification program.
 - c. Learn concussion symptoms and danger signs.
 - d. Sign a form "that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and includes guidelines for safely resuming participation in and activity following a concussion (105 ILCS 5/22-80(e))."
 - e. Each year inform student athletes and their parent/guardian about concussion and head injury by:
 - i. Giving them a copy of the IHSA's *Concussion Information Sheet*, District Concussion Management Plan, and Agreement to Participate form.
 - ii. Using educational material provided by IHSA to educate students and parents/guardians about the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury.
 - iii. Remove any student from an activity, practice, or competition immediately if any of the following individuals believes that the student sustained a concussion during the activity, practice, or competition: a coach, a physician, a game official, an athletic trainer, the student's parent/guardian, the student, or any other person deemed appropriate under the Concussion Management Protocol.

Information for Teachers Regarding Students With Concussions:

The following information is provided to teachers who have students identified with a concussion.

1. The first day post-concussion exclude the injured student from the following:
 - a. Gym and other physical activities
 - b. Band and choir
 - c. Industrial arts and welding classes using machinery
 - d. Tests and quizzes
 - a. Work on the computers
 - b. Extensive reading
2. Monitor the student's body language and alter the classroom atmosphere accordingly to facilitate

healing:

- a. Move student away from bright lights
- b. Move student away from loud sounds
3. Injured students should be excused from classes or various activities if they are having difficulty concentrating.
4. Monitor for frequent signs/symptoms of concussion that may affect learning:
 - a. Dazed or sluggish
 - b. Confusion
 - c. Memory loss
 - d. Changes in behavior
 - e. Difficulty with concentration
 - f. Headache
 - g. Reported "pressure" in head
 - h. Nausea or vomiting
 - i. Dizziness
 - j. Blurred or double vision
 - k. Sensitivity to light

Concussion Management Plan:

1. Before the start of the athletic season:
 - a. The Concussion Oversight Team will review the plan and present the plan to the Board of Education for approval.
 - b. The Concussion Oversight Team, or representative of the team, shall have a meeting with all coaches and volunteers of activities to relay guidelines to the team.
 - c. All coaches, volunteers, or other staff who will be working with the students must view the IHSA Concussion Awareness Video and complete the NFHS concussion course.

Note: Any coach or sponsor of a qualified event who does not complete any component listed above will not be allowed to coach or work with the students until all components are complete.

2. Before participation: Prior to participation in athletic events or activities, student-athletes must complete the following tasks:
 - a. Student and parent/guardian must read, sign, and return the IHSA "Sports Medicine Acknowledgement & Consent" form. (See Appendix A)
 - b. Student and parent/guardian must read, sign and return the Scales Mound Community Unit School District 211 "Agreement to Participate." (See Appendix B)
 - c. Student and parent/guardian must read, sign and return the Scales Mound Community Unit School District 211 "Code of Conduct Policy for Activities."
 - d. Student must have a completed sports or activity physical examination by a licensed professional and submit documentation to the administration.
 - e. Students and parents/guardians must read, sign, and return the IHSA "Post-Concussion Consent Form." (See Appendix D)

- f. Students must view the IHSA Concussion Awareness Video.

Note: Failure by the student, parent, or guardian to fulfill any component of the above steps will result in the student's exclusion from that activity until all components are complete.

3. During the season:
 - a. A student must be removed from interscholastic athletic practices or competitions immediately if a coach, physician, game official, athletic trainer, parent/guardian, student or other person deemed appropriate under the school's Return-to-Play protocol believes that the student may have suffered a concussion.
 - b. A student removed from competition or practice due to a possible concussion may not play or practice again until the following have been met:
 - i. The student has been evaluated by a licensed physician or athletic trainer working under the supervision of a physician and it has been determined that the student can safely return-to-play and return-to-learn.
 - ii. The student has completed all requirements of the school's Return-to-Learn and Return-to-Play Protocol.
 - iii. The student's parent/guardian acknowledge that the student has completed the Return-to-Learn and Return-to-Play protocols. The student's parent/guardian must provide the physician's report to the Superintendent or designee responsible for implementing the Return-to-Learn and Return-to-Play protocols.
 - iv. The student's parent/guardian signs a consent form indicating that the parent/guardian has been informed of the physician's report and consents to the student's return to play. The consent form must also indicate the parent/guardian understands the risks associated with a Return-to-Learn and Return-to-Play and will comply with ongoing Return-to-Learn and Return-to-Play protocols and consents to sharing the physician's statement and any recommendations to appropriate persons.

Return-to-Learn Protocol:

A student removed from an activity, practice, or competition, due to a possible concussion may not return to learn again until all of the following have been met:

1. The student has been evaluated by the student's physician and it has been determined that the student can safely return to learn.
2. The student's parent/guardian has acknowledged that the student has completed the Return-to-Learn protocols.
3. The student's parent/guardian must provide documentation from the physician stating the specific details for the student as he/she returns to learn. This should include
 - a. A timeline for complete re-entry to classes and normal school activities,
 - b. A list of any limitations or restrictions in academic workload,
 - c. Any restrictions from academic work (i.e. PE, computer usage, reading load, writing, etc.)
4. If a student has no limitations or restrictions, the parent/guardian must provide documentation from the

physician stating there are no restrictions or limitations with the student's participation in academic activities.

5. The parent/guardian must sign the consent form indicating that he/she has been informed of the Post-Concussion Consent Form (RTL/RTP)
6. In collaboration with the parent/guardian, the school administration or athletic director will inform the student's teachers of the student's condition and recommended restrictions. (Staff will be updated as conditions progress.)
7. The first day post-concussion, the student may be excluded from the following, based on their medical care providers recommendations:
 - a. Gym and other physical activities
 - b. Band/choir
 - c. Any course with machinery or loud noises
 - d. Tests and quizzes
 - e. Activities if they having extreme difficulty concentrating

Return-to-Play Protocol:

A student removed from an activity, practice, or competition, due to a possible concussion may not return to play again until all of the following have been met:

1. The student has been evaluated by the student's physician or athletic trainer working under the supervision of a physician and it has been determined that the student can safely return-to-play.
2. The student must have completed the Return-to-Play protocol.
3. The student's parent/guardian has acknowledged that the student has completed the Return-to-Play protocols.
4. The student's parent/guardian must provide documentation from the physician or athletic trainer working under the supervision of a physician stating the specific details for the student as he/she returns to play. This should include
 - a. A timeline for complete re-entry to classes and normal school activities,
 - b. A list of any limitations or restrictions in academic workload,
 - c. Any restrictions from academic work (i.e. PE, computer usage, reading load, writing, etc.)
5. The parent/guardian must sign a consent form indicating that he/she has been informed of a physician's or athletic trainer's report and consent for the student to return to play.

Emergency Action Plan

Scales Mound Community Unit School District 211

To address serious injuries and acute medical conditions in which the condition of a student may deteriorate rapidly, Scales Mound Community Unit School District 211 will take charge until appropriate medical personnel arrive and relieve the staff member of their duties. The coaching staff and supervisors will be responsible for applying initial first aid. If an ambulance is deemed necessary, the supervisor on duty (if applicable) will call for the ambulance. If at a practice where there is not an administrator or other medical personnel, the coach or sponsor will call for medical assistance. The supervisor/coach will inform the responders of the nearest door/entrance to the injured student. A member of the coaching staff will make appropriate contact with a parent/guardian from the number provided on the student's emergency medical card.

Each coaching staff will have a first aid kit with them at all practices and games to apply immediate first aid. An AED will be located at event facilities.

Specific action plans for Scales Mound Community Unit School District 211 facilities can be found in the appendix and posted at all facilities.

Emergency Contact List:

- | | | |
|---|----------------------------|------------------------------|
| · | Ambulance: | 911 (Emergency) |
| · | Jo Daviess County Sheriff: | 911 (Emergency)/815-777-2141 |
| · | Scales Mound Fire: | 911 (Emergency) |

Administrative Staff:

- | | | |
|---|------------------------|--------------|
| · | Superintendent: | 815-281-2113 |
| · | High School Principal: | 815-281-2331 |
| · | Athletic Director: | 815-281-2291 |

Resources for Medical Assistance and Services:

- | | |
|--|----------------|
| Midwest Medical Center and Health Clinic (Galena): | 815-777-1340 |
| Galena Medical Associates: | 815-777-0900 |
| Medical Associates (Dubuque): | 1-563-584-3000 |
| Mercy Hospital (Dubuque): | 1-563-589-8000 |
| Findley Hospital (Dubuque): | 1-563-582-1881 |

**Scales Mound Community Unit School District 211
Concussion Protocol Signatory Form
2022-2024**

Scales Mound Community Unit School District 211 Concussion Oversight Team has developed and presented the Scales Mound Community Unit School District 211 Concussion Management Plan with specific protocols to the School Board on:

Date of School Board Approval: _____

Signature of School Board President: _____

Signature of Superintendent: _____

Signature of School Principal: _____

Signature of Athletic Director: _____

Appendix Content:

- A. Sports Medicine Acknowledgement & Consent Form
- B. Scales Mound CUSD #211 Agreement to Participate
- C. Concussion Evaluation Form
- D. Post-Concussion Consent Form (return to learn/return to play)

Appendix A: Sports Medicine Acknowledgement & Consent Form**IHSA Sports Medicine Acknowledgement & Consent Form
Acknowledgement and Consent****Student/Parent Consent and Acknowledgements**

By signing this form, we acknowledge we have been provided information regarding **concussions** and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

Student:

Student Name (Print): _____ Grade: _____

Student Signature: _____ Date: _____

Parent or Legal Guardian:

Name: (Print): _____

Signature: _____ Date: _____

Relationship to Student: _____

Consent to Self Administer Asthma Medication:

Illinois Public Act 09-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide the school with the following:

- Written authorization from a student's parent or guardian to allow the student to self-carry and self-administer the medication
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <https://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.

Appendix B: Scales Mound CUSD #211 Agreement to Participate**Policy 7:33 Exhibit 1 - Agreement to Participate**

Each student and his or her parent/guardian must read and sign this Agreement to Participate each year before being allowed to participate in interscholastic athletics or intramural athletics. The completed Agreement should be returned to the Coach.

Student name (printed) _____

I wish to participate in the interscholastic athletics or intramural athletics that are circled: baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, wrestling, other (identify sports) _____. (Another Agreement must be signed if the student later decides to participate in a sport not circled above.)

I acknowledge reading the eligibility rules of any group or association sponsoring any athletic activity in which I want to participate and I agree to abide by them.

Before I am allowed to participate, I must: (a) provide the School District with a certificate of physical fitness (the Pre-Participation Physical Examination Form from the IHSA or IESA serves this purpose), (b) show proof of accident insurance coverage, and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, IHSA Sports Medicine Acknowledgment & Consent Form, Acknowledgement and Consent. IHSA refers to the Illinois High School Association and IESA refers to the Illinois Elementary School Association.

I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.

I understand that Board policy 7:305, Student Athlete Concussions and Head Injuries, requires, among other things, that a student athlete who exhibits signs, symptoms, or behaviors consistent with a **concussion** or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches or a certified athletic trainer under the supervision of a physician.

I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School 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 participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student signature

Date

To be read and signed by the parent/guardian of the student:

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I understand that all sports can involve many risks of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to 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 the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.

Parent/Guardian signature

Date

Emergency Contact Information

Name: _____ Relationship to student: _____

Day phone number: _____ Evening phone number: _____

Cell phone number: _____ Other: _____

Name: _____ Relationship to student: _____

Day phone number: _____ Evening phone number: _____

Cell phone number: _____ Other: _____

Name: _____ Relationship to student: _____

Day phone number: _____ Evening phone number: _____

Cell phone number: _____ Other: _____

Name: _____ Relationship to student: _____

Day phone number: _____ Evening phone number: _____

Cell phone number: _____ Other: _____

Appendix C: Concussion Evaluation Form

Concussion Evaluation Form

Name: _____ Date of Injury: _____

Location of Injury: _____ Sport/Activity: _____

Description of Incident:

Symptoms at time of injury: (Circle all that apply)

- | | |
|----------------------------|------------------------|
| · Dizziness | · Headache |
| · Confusion | · "Pressure" in head |
| · Memory loss | · Nausea or vomiting |
| · Loss of balance | · Blurred vision |
| · Loss of consciousness | · Sensitivity to light |
| · Change in behavior | · Sensitivity to noise |
| · Difficulty concentrating | · Feeling "sluggish" |

Describe any changes in symptoms over time:

Immediate Medical Attention is necessary if the following symptoms are present:

- Symptoms become worse
- Any loss of consciousness
- Irregular change in respiration
- Seizures or convulsions
- Bleeding
- Slurred speech
- Repeated vomiting

Name of person completing this report: _____

Contact information: _____

Date: _____

APPENDIX F: POST-CONCUSSION CONSENT FORM**Post-Concussion Consent Form (RTL/RTP)**

DATE: _____

Student Name: _____

Year in School: _____

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participation in returning to learn/play in accordance with the return-to-learn and return-to-play protocols established by Illinois State law and Scales Mound Community Unit School District 211.
2. I understand the risks associated with my student returning to learn and returning to play and will comply with any ongoing requirements in the return-to-learn and return-to-play protocols established by the State of Illinois and Scales Mound Community Unit School District 211.
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (PL 104-191), of the treating physician's written statement, and, if any, the return-to-learn and return-to-play recommendations of the treating physician.

Student Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Name:(please print)_____

FOR SCHOOL USE ONLY:

Written statement is included with this consent from treating physician, advanced practice nurse, physician assistant or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgment, it is safe for the student to return-to-learn and return-to-play.

Cleared to return-to-learn**Cleared to return-to-play**

DATE: _____

DATE: _____