

**Attn: Coaches, Guest Coaches, Referees, Parents and Guardians:**



**The following documents provide information for the protocol and policies regarding concussion or the potential of a concussion during a game or match in the Holy Family School gymnasium.**

**These documents are provided without representation or warranty as to its accuracy, legality, or effectiveness. The documents are designed to be used as tools in compliance with the State of Illinois concussion laws and Holy Family School policies.**

**Please review the documents carefully to avoid confusion if a potential concussion becomes a concern. We will expect all referees and coaches to participate respectfully and cooperatively throughout the process. In all cases, the student athlete safety will prevail over any opposing views or opinions. Holy Family School reserves the right to make the final determination and execute the policies and procedures as described in the following documents.**

**Thank you in advance for your cooperation and assistance.**

**Anthony Simone**

**Principal**

# HOLY FAMILY SCHOOL

## CONCUSSION PROTOCOL AND POLICY

Protecting the Health of all Student-Athletes

**IN ALL CASES, THE HEALTH AND SAFETY OF THE STUDENT- ATHLETE WILL TAKE PRECEDENCE OVER ALL OTHER CONSIDERATIONS.**

•This protocol and policy has been implemented for the protection of students and these mandates are to be strictly followed for the management, treatment and Return to Learn and Return to Play criteria for all student-athletes who participate in sports at Holy Family. All student-athletes and parents/guardians must sign the attached Protocol and Policy Statement of Understanding and Agreement.

In 2015, the Illinois General Assembly passed the Youth Sports Concussion Safety Act, and this legislation, among other items, required schools to develop Return to Play (RTP) and Return to Learn (RTL) protocols that student-athletes must meet prior to their full return to athletic or classroom activity.

Following the IHSA rules, any student-athlete suspected or confirmed to have a concussion or concussion-like symptoms must have a licensed physician (DO, MD), Advanced Practice Nurse (APN) or Physician Assistant (PA) provide the Return to Learn (RTL) based on the student-athletes symptoms and cognitive evaluation. If the student-athlete did not suffer a concussion the release form must clearly state that information, otherwise these protocols will be implemented.

Further, before the student-athlete is allowed to return to play, the student must be able to attend a full day of school, have no symptoms, and provide written documentation from a practitioner listed above that said student may return to play. No student-athlete will be allowed to return to play if this protocol and policy is not followed.

•During any sporting event or extracurricular activities at Holy Family School, assessment of concussion-like symptoms MUST be determined immediately following one of the following:

- Direct head to head contact
- Direct trauma following a vicious hit
- Head to ground contact
- Head contact with any immovable object
- Blow to the head/ body via contact with a ball or another player

According to the IHSA, **a coach or referee may pull ANY athlete from competition if there is suspicion of a concussion.** For Holy Family student athletes, any of the above listed occurrences **WILL result** in the athlete being pulled from competition until cleared expressly in writing by a practitioner listed above enlisted by the parent or guardian of the student. For student-athletes from visiting schools, any of the above listed occurrences will result in the referee and coach, and where appropriate the student's parent or guardian, in consultation, making the determination as to whether the student athlete is to be pulled from competition.

**If concussion-like symptoms ARE present that athlete WILL NOT be allowed to return to that game (same day).**

Symptoms to look for include but are not limited to:

- Headaches, pressure in the head
- Dizziness
- Nausea or vomiting
- Light sensitivity
- Noise sensitivity
- Feeling in a fog or out of their body
- Difficulty remembering simple words/previous coach discussions, etc.
- Difficulty concentrating
- Extreme fatigue/lethargy
- Neck pain
- Blurred vision
- Double vision
- Nausea and/ or vomiting
- Loss of consciousness
- Balance problems
- Ringing in ears
- Seizures

**KEY NOTE:** A mild headache with no other symptoms still may indicate a concussion, follow-up with a medical professional for evaluation is recommended, especially with further progression.

**Follow-up:**

- Holy Family student athletes or their parent or guardian **MUST** check in the next day after injury, if they attend school; otherwise, a telephone call from parent or guardian must be made to the principal's office and their coach
- If any symptoms develop on any day of activity or following any activity, that day will be repeated until no symptoms develop
- If any symptoms persist for more than 5 days then Holy Family suggests that the parent or guardian seek further medical attention up to and including a neurologist, neuropsychologist and/or a specialist in concussion care.

# Holy Family School

## Post-Concussion Consent Form

### Return to Play (RTP)/Return to Learn (RTL)

Date of Occurrence: \_\_\_\_\_ Location: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Year in School: 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Name of School: \_\_\_\_\_

By signing below, I acknowledge the following:

1. I have been informed concerning, and consent to, my student's participation 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. I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), the written statement of the treating physician's, advanced practice nurse (APN), or physician assistant (PA) and, if any, the return-to-play and return-to-learn recommendations of the treating physician, advanced practice nurse (APN) or physician assistant (PA), as the case may be.

Student's Signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian/s Signature: \_\_\_\_\_

#### For School Use Only

☐ Written statement must be attached to this consent from treating physician, advanced practice nurse (APN), or physician assistant (PA) indicating that in the individual's professional judgment, it is safe for the student to return to play and return to learn. Failure to provide the written statement from a physician or trainer working under a physician will prevent to student athlete from returning to either.

**Cleared for Return to Learning**

Date: \_\_\_\_\_

**Cleared for Return to Play**

Date: \_\_\_\_\_

## • Protocol and Policy Statement of Understanding and Agreement

What can happen if my child keeps on playing with a concussion or returns too soon? Athletes with the signs and symptoms of a concussion will 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 will 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. 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/>

Student athlete acknowledgement and signature:

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Parent/Guardian acknowledgement and signature:

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## CONCUSSION/ INJURY CHECKLIST

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

### *On Site Evaluation*

#### **Description of Injury:**

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Has the athlete ever had a concussion?      Yes                      No                      Unknown

Was there a loss of consciousness?              Yes                      No                      Unclear

Does he/she remember the injury?              Yes                      No                      Unclear

Does he/she have confusion after the injury?      Yes                      No                      Unclear

#### **Symptoms observed at time of injury:**

Dizziness                      Yes              No                                      Headache                      Yes              No

Ringing in Ears              Yes              No                                      Nausea/Vomiting              Yes              No

Drowsy/Sleepy              Yes              No                                      Fatigue/Low Energy              Yes              No

“Don’t Feel Right”              Yes              No                                      Feeling “Dazed”              Yes              No

Seizure                      Yes              No                                      Poor Balance/Coord.              Yes              No

Memory Problems              Yes              No                                      Loss of Orientation              Yes              No

Blurred Vision              Yes              No                                      Sensitivity to Light              Yes              No

Vacant Stare              Yes              No                                      Glassy Eyed                      Yes              No

Sensitivity to Noise              Yes              No

**\* Please circle yes or no for each symptom listed above.**

Other Findings/Comments:

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Final Action Taken:      Parents Notified                      Sent to Hospital/ ER

## Coach's Concussion Checklist - What to do when a Concussion is Suspected?

- 1) Remove the athlete from play
- 2) Ensure that the athlete is evaluated right away
  - Don't try to judge the severity of the injury (leave that for health care professionals)
    - Record the following:
      - Cause of injury: \_\_\_\_\_
      - Any loss of consciousness (length of time): \_\_\_\_\_ / \_\_\_\_\_
      - Any seizures immediately following the injury: \_\_\_\_\_
      - Number of prior concussions (if any): \_\_\_\_\_
- 3) Inform the athlete's parents about the possible concussion and state they should take the athlete to a health care professional experienced in evaluating for concussion.
  - If the parents are not at the game/ practice, contact the parents immediately via cell phone
  - One of the coaches must stay with the injured athlete (they may not be left alone, at any time) until the parents/ guardians arrive
  - Pull a parent from the stands to help coach the team/ keep the scorebook
- 4) When the athlete seeks medical help
  - Contact the Athletic Director
    - The AD will contact the principal/ assistant principal
    - CATHOLIC MUTUAL Insurance Form will be filled out by AD/ Coach and sent to the principal
  - Follow up with the parents for an update on your player via phone call

**When in doubt, sit them out.**

**Nothing is more important than the health, safety or welfare of a child.**

**It's better to miss one game than the whole season.**

