

JODI L. SCOTT Regional Superintendent of Schools jscott@roe33.net

LORI LOVING Asst. Regional Superintendent of Schools lloving@roe33.net

Concussion Compliance

State Law on Concussion:

- 1. Section 22-80 of the School Code contains concussion safety directives for school boards and certain identified staff members. (105 ILCS 5/22-80) These requirements apply beginning 2016-17 school year.
 - a. The requirements of Sec. 22-80 apply to any interscholastic athletic activity--including practice and competition--sponsored or sanctioned by a school, the Illinois Elementary School Association, or the Illinois High School Association.
 - b. School districts may need to implement its return-to-learn protocol for students return to the classroom whether or not the concussion took place while participating in interscholastic activity.
 - c. CDC (Center for Disease Control) is a great source for reference materials and data on the subject of concussions.
 - d. Section 105 ILCS 5/10-20.54 was repealed; however, it is recommended that the school board should adopt a policy regarding athlete concussions and head injuries that is in compliance with IHSA's protocols, policies, and by-laws until they fully comply with the Youth Sports Concussion Safety Act. (This must occur no later than the beginning of the 2016-2017 school vear.)
 - e. 105 ILCS 25/1.5 requires all high school coaching personnel to complete online concussion awareness training and all student athletes to view the IHSA video about concussions. This video can be downloaded from the IHSA website, and it is recommended to show this at a parents' meeting at the beginning of each season. Have a sign in sheet for the parent's signature, their athlete's name, the date, and sport/level participating in.
- 2. Require each student and the student's parent/guardian to sign a concussion information receipt form before participating in an interscholastic athletic activity.
 - a. A student may not participate until the student and parent/guardian sign. (The information consists of these explanations: concussion prevention, symptoms, treatment, and guidelines for safely resuming participation. Sec. 22-80. See C2A)
 - b. This form must be approved by the IHSA. See https://www.ihsa.org/Resources/SportsMedicine/ConcussionManagem ent.aspx. The school athletic director should be in charge of this.
- 3. The Concussion Oversight Team
 - a. The school board must appoint or approve a Concussion Oversight Team for the district and charge it with completing statutory duties. Sec. 22-S0(d).
 - If the Oversite Team is an administrative or board committee: a board i. committee must comply with the Open Meetings Act 5 ILCS 120/1.02

Business Office

105 North E Street	Phone:	(309) 734-6822
Monmouth IL, 61462	Fax:	(309) 734-2452

Galesburg Office

121 S. Prairie Street Phone: (309) 345- 3828 Galesburg IL 61401

Fax: (309) 345-6735



- ii. 22-80 identifies who must be on each Team; include a minimum of one person who is responsible for implementing and complying with the "return-to-play" and "return-to-learn" protocols adopted by the Team. Ideal positions to attend to this responsibility is:
 - 1. A school administrator: They are knowledgeable about the day-to-day school functions and policies.
 - 2. A school nurse: They will have access to all health records and CDC policies.
 - 3. A school athletic trainer (if the school has one): They have an in-depth knowledge of concussions and daily interaction with the student(s).
 - 4. A physician: They have knowledge of such conditions and can add credence to the committee.
- 4. Developing protocols in accordance with Sec. 22-80(d)
 - a. The Oversight Team must establish a return-to-play protocol and a return-to-learn protocol.
 - i. Each protocol must be based on guidelines from the Centers for Disease Control and Prevention (CDC) <u>https://www.cdc.gov/headsup/highschoolsports/index.html</u>
 - ii. The return-to-play governs a student's return to interscholastic athletics following a concussive episode. Whether or not the concussion took place at school, the return-to-play applies in both/either situation.
 - iii. The return-to-learn protocol governs a student's return to the classroom after the student is believed to have experienced a concussion. IHSA website contains a form for this. (C4C)
- 5. Removing the concussed athlete from practice or competition.
 - a. A student must be removed from practice or competition immediately if a coach, game official, athletic trainer, physician, or the athlete's parent or guardian deems it appropriate under the school's return-to-play protocol.
- 6. Prerequisites for return to participation.
 - a. A student removed from athletic practice/competition may not return until these prerequisites are met:
 - i. The student must be evaluated by a physician or athletic trainer.
 - ii. The student has successfully completed all of the return-to-play protocol established under Section 22-S0(g).
 - iii. The student has completed all of the return-to-learn protocol established under Section 22-S0(g).
 - iv. The physician or athletic trainer has provided a written release stating that he/she feels that it is safe for the athlete to return to play and learn.
 - v. That the athlete's parent or guardian understands the protocols and has signed all of the documentation for the return-to-play and return-to-learn.
 - b. The coach or assistant coach may not authorize a student's return-to-play or return-to-learn.
- 7. Comply with all training requirements in Sect. 22-80 (h)(2)
 - a. Training depends on position held must be done by September 1, 2016 and once every two years after this date.

Business Office

105 North E Street	Phone:	(309) 734-6822
Monmouth IL, 61462	Fax:	(309) 734-2452

Galesburg Office

121 S. Prairie Street Phone Galesburg IL 61401 Fax:

Phone: (309) 345- 3828 Fax: (309) 345-6735



- i. Coaches, under IHSA Sect. 22-80 (h}(4) are required to be certified.
- ii. Nurses, if on the "Oversight" team or representing a school, are also required to be certified and to take concussion-related continuing education courses approved by the Department of Financial and Professional Regulations.
- iii. Game officials of an interscholastic athletic activity are also subject to certification.
- iv. An athletic trainer must take concussion related continuing education courses approved by the Department of Financial and Professional Regulations.
 - 1. Both the athletic trainer and nurse must submit proof of training to the Superintendent under Sec. 22-80 (h)(5).
 - 2. Physicians must also take appropriate course work under Sec. 22-80 (h)(3).
 - 3. Physicians, athletic trainers, and nurses who do not meet these requirements will not be allowed to serve on the oversight team Sec. 22-80 (h)(6).
 - 4. Online concussion awareness training for all secondary coaches and athletic directors must be certified by September 19th, 2015. It is also suggested that all student athletes view the IHSA's video about concussions.



[Example] High School Parent Meeting Concussion Discussion [Date]

Parent/Guardian Name

Athlete Name

Fall Sport

 Business
 Office

 105 North E Street
 Phone: (309) 734-6822

 Monmouth IL, 61462
 Fax: (309) 734-2452

Galesburg Office 121 S. Prairie Street Phone: Galesburg IL 61401 Fax: (3

Phone: (309) 345- 3828 Fax: (309) 345-6735



[Example] High School

Concussion Letter for Parents

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms from the concussion list below, or if you notice the symptoms yourself, keep your teen out and see a doctor right away.

Signs Observed by a Parent or Guardian

- Appears dazed or stunned
- Forgets an instruction
- Moves clumsily
- Answers questions slowly
- Loses consciousness
- Shows mood, behavior, or personality changes
- Cannot recall events prior to the hit or fall
- Cannot recall events after the hit or fall

Symptoms Reported by Athlete.

- Headache or "pressure"
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

Business Office

 105 North E Street
 Phone: (309) 734-6822

 Monmouth IL, 61462
 Fax: (309) 734-2452

Galesburg Office 121 S. Prairie Street Phone: (309)

121 S. Prairie Street Galesburg IL 61401 Phone: (309) 345- 3828 Fax: (309) 345-6735



Dear Parent or Guardian,

Your child has received a concussion and is a student/athlete of High School. In keeping with the Laws of the State of Illinois, we the [Example] High School Concussion Oversight Committee are making it our duty to contact you. As per our protocols, we are asking you to have your child examined by a physician to determine the status of their injury. It is advised that you deliver a copy of the doctor's excuse or release to [Example] High School Administration. Let it be known that your child will not be allowed to participate in athletics/sports activites or receive services from our staff until we have a copy of this documentation. The Sports Medicine staff will have final say in whether your child will be allowed full participation.

Thank you for your assistance in this matter and please feel free to contact the school with any questions you might have.

Sincerely,

The [Example] High School Concussion Oversight Committee





Post-concussion Consent Form (RTP/RTL)



Galesburg IL 61401 Fax: (309) 345-6735

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), the written statement of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA), and, if any, the return-to-play and return-to-learn recommendations of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA), as the case may be.

Student's Signature _____

Parent/Guardian's Name _____

Monmouth IL, 61462 Fax: (309) 734-2452

practice nurse (APN), physicia the supervision of a physician	with this consent from treating physician, advanced an assistant (PA) or athletic trainer working under that indicates, in the individual's professional udent to return-to-play and return-to-learn.
Cleared for RTL	Cleared for RTP
Date	Date
Business Office D5 North E Street Phone: (309) 734-6822	Galesburg Office 121 S. Prairie Street Phone: (309) 345- 382



Updated September 2017



IHSA Sports Medicine Acknowledgement & Consent Form Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge that we have been provided information regarding concussions and the IHSA Performance-Enhancing Substance Policy.

STUDENT

Student Name (Print):	Grade 9 10 11 12
Student Signature:	Date:
PARENT or LEGAL GUARDIAN	
Name (Print):	
Signature:	Date:
Relationship to student:	

Consent to Self-Administer Asthma Medication

Illinois Public Act 098-0795 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 schools with the following:

- Written authorization from a student's parents or guardians 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 http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf

Each year IHSA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

Business Office

105 North E Street	Phone: (309) 734-6822
Monmouth IL, 61462	Fax: (309) 734-2452

Galesburg Office 121 S. Prairie Street Galesburg IL 61401

Phone: (309) 345-3828 Fax: (309) 345-6735