

CONCUSSION CARE PROTOCOL

General Information:

A student's best chance of full recovery from a concussion involves two critical components: **Cognitive and physical rest**. Continued research has shown cognitive rest to be essential in the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading, and studying. These stimuli must be limited, and in most cases, completely avoided for a period of time during recovery. Physical activity such as physical education, athletics, strength or cardiovascular conditioning, and fine art practices/performances must be completely avoided or regulated while recovering from a concussion.

It is recommended that this protocol is shared with the student's medical care provider during the initial visit.

Stages of Concussions Recovery and Academic/Physical Activity Participation:

1. Complete Rest
2. Return to School
3. Full Day of School Attendance
4. Full Academic and Physical Activity Participation

Return To Learn: Process to return to full cognitive/academic activities

Return To Play: Process to return to full physical activity participation

Points of Emphasis:

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process differently.
- Following a diagnosis of concussion, a medical provider (physician, physician's assistant or nurse practitioner) must provide documentation that the student may return to school. This documentation must be submitted to the school nurse upon student's return to school and should include Return To Learn guidelines. If no restrictions are given by the medical provider within the Return To Learn document, the NSSEO Concussion Return To Learn Protocol will be initiated. Once a student is symptom-free, the Return To Play Protocol will be initiated when clearance from the medical provider is given to the school nurse.
- Students will be allowed extra time to complete any missed work related to Return to Learn guidelines. Teachers will collaborate to identify and prioritize student's workload once cleared to resume to their full academic load.
- Upon return to school, student will report to school nurse who will monitor symptoms daily and determine progression to the next stage of the Return to Learn and Return To Play protocols.

CONCUSSION RETURN-TO-LEARN PROTOCOL

<p>Stage 1: No school attendance</p> <ul style="list-style-type: none"> • No physical activity • No technology usage • Avoid activities that exacerbate symptoms • Full cognitive rest 	<p>Progress to Stage 2 when:</p> <ul style="list-style-type: none"> • Decreased sensitivity to light or noise • Decreased intensity and frequency of headache and dizziness • Ability to do light reading for 10 minutes without increased symptoms • Decreased feeling of foginess or confusion <p>* Please note: If symptoms continue for two weeks in Stage 1, return to medical provider for follow-up</p>
<p>Stage 2: Part-time School Attendance as Tolerated With Accommodations</p> <ul style="list-style-type: none"> • Daily check-in with nurse • Modified schedule • Limit or eliminate technology usage • No PE, recess, extracurricular activities • No tests, quizzes, music class/therapy • No cafeteria • Provide frequent cognitive breaks • Continually monitor symptoms • Therapies addressed with medical provider • May wear sunglasses, headphones, etc. 	<p>Progress to Stage 3 when:</p> <ul style="list-style-type: none"> • School activity does not increase symptoms • Overall symptoms continue to decrease <p>If symptoms worsen: return to stage 1</p>
<p>Stage 3: Full Day School Attendance With Accommodations</p> <ul style="list-style-type: none"> • Daily check-in with nurse • Modify schedule, provide cognitive breaks • Continually monitor symptoms • Limited technology usage • No PE, recess, extracurricular activities • Limited homework, tests, quizzes • Minimize overall academic workload • No cafeteria • No music class/therapy • Therapies addressed with medical provider 	<p>Progress to Stage 4 when:</p> <ul style="list-style-type: none"> • School activity does not increase symptoms • Overall symptoms continue to decrease <p>If symptoms worsen: return to stage 2</p>
<p>Stage 4: Full Day Attendance Without Accommodations</p> <ul style="list-style-type: none"> • Daily check-in with nurse • No PE or physical activities until cleared by medical provider • Resume normal academic load • Create plan for gradual completion of required make-up work 	<p>Progress to Return To Play Protocol with clearance from medical provider: if student remains symptom free for 24 hours.</p> <p>If symptoms return or worsen: return to stage 3</p>

CONCUSSION RETURN-TO-PLAY PROTOCOL

After a concussion, a student can only return to physical activity with the approval and under the supervision of their medical provider. If the student participates in an Interscholastic Sport, parental acknowledgement of Return To Play Protocol initiation must also be signed. Student must be symptom-free for 24 hours before initiating the following Return To Play protocol per Centers for Disease Control (CDC) guidelines.

At each step of the protocol, the student is evaluated by the nurse daily prior to moving on to the next step. If symptoms return, the activities should be discontinued and their medical provider should be contacted for follow-up recommendations. After more rest and no concussion symptoms, the student can start at the previous step.

Baseline: No Symptoms

As the baseline step of Return To Play Progression, the student needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours.

Step 1: Light Aerobic Activity

The Goal: Only to increase an athlete's heart rate

The Time: 5-10 minutes

The Activities: Exercise bike, walking, or light jogging

Absolutely no weight lifting, jumping, or hard running

Step 2: Moderate Activity

The Goal: Limited body and head movement

The Time: Reduced from typical routine

The Activities: Moderate jogging, brief running, moderate-intensity stationary bike, and moderate-intensity weightlifting

Step 3: Heavy, Non-Contact Activity

The Goal: More intense but non-contact

The Time: Close to typical routine

The Activities: running, high-intensity stationary biking, the player's regular weightlifting routine, and non-contact sport-specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2.

Step 4: Practice and Full Contact

The Goal: Reintegrate in full contact physical activity

Step 5: Competition (if applicable)

The Goal: Return to competition