

# SEQUOIA UNION HIGH SCHOOL DISTRICT



## DEPARTMENT OF STUDENT SERVICES

480 JAMES AVENUE, REDWOOD CITY, CALIFORNIA 94062-1098 (650) 369-1411

### Concussion Notice & Instructions Packet for Parents/Guardians

Athlete/Patient: \_\_\_\_\_ St.ID#: \_\_\_\_\_

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

Referred by (circle one): Certified Athletic Trainer / Team Physician / Coach / Other

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

You are receiving this sheet because your athlete has suffered a concussion as a result of participation in athletics. Please watch your athlete closely for the next 24-48 hours and **follow instructions below before your student athlete returns to school and/or athletics.**

STUDENT SHOULD REST. No physical activity until cleared by a Medical Professional.

#### INSTRUCTIONS:

1. Take Student Athlete to a licensed physician
2. Have MD or DO complete the following attached forms:
  - a. CIF Physician letter to school (mandatory)
  - b. CIF Return to Play Protocol (if needed)
  - c. CIF Return to Learn Protocol (if needed)
  - d. CIF Recommended School Accommodations (if needed)
3. Monitor Student Athlete as outlined above
4. Return completed forms to Athletic Trainer

#### **Call 911 and go to the nearest Hospital Emergency Department for the following:**

<input type="checkbox"/> Headache that worsens	<input type="checkbox"/> Can't recognize people or places
<input type="checkbox"/> Seizure (uncontrolled jerking of arms/legs)	<input type="checkbox"/> Looks very drowsy/Can't be awakened
<input type="checkbox"/> Weakness or numbness of arms/legs	<input type="checkbox"/> Increased confusion and/or irritability
<input type="checkbox"/> Repeated vomiting	<input type="checkbox"/> Unusual behavior
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Slurred speech
<input type="checkbox"/> Lack of balance/unsteadiness on feet	<input type="checkbox"/> Drainage of blood/fluid from ears or nose
<input type="checkbox"/> Changes in vision (double, blurry vision)	<input type="checkbox"/> Loss of bowel and/or bladder control

#### **It is OK to:**

- Take acetaminophen (Tylenol) for headache
- Use an ice bag on your head or neck for comfort
- Eat a light diet
- Rest / Go to sleep
- Resume light activity

#### **There is no need to:**

- Check eyes with a flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

#### **Do Not:**

- Drink alcohol
- Eat spicy food
- Drive a car
- Use aspirin, Aleve, Advil or other NSAID products
- Participate in strenuous activities or sports



Physician Letter to School

To Whom It May Concern:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>INJURY STATUS</b>	<i>Date of Concussion Diagnosis by MD/DO:</i> _____
	<i>Date of Injury:</i> _____
<input type="checkbox"/> Student has been diagnosed by a MD/DO with a concussion and is currently under our care. <input type="checkbox"/> Medical follow-up evaluation is scheduled for (date): _____ <input type="checkbox"/> Student was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.	

<b>ACADEMIC ACTIVITY STATUS</b> <i>(Please mark all that apply)</i>	
<input type="checkbox"/>	This student is not to return to school.
<input type="checkbox"/>	This student may begin to return to school based on successful progression through the <i>CIF Concussion Return to Learn Protocol</i> . This student requires the necessary school accommodations set forth on the <i>Physician (MD/DO) Recommended School Accommodations Following Concussion</i> form.
<input type="checkbox"/>	This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.
<u>Comments:</u> _____	
<b>PHYSICAL ACTIVITY STATUS</b> <i>(Please mark all that apply)</i>	
<input type="checkbox"/>	This student is not to participate in physical activity of any kind.
<input type="checkbox"/>	This student is not to participate in recess or other physical activities except for untimed, voluntary walking.
<input type="checkbox"/>	This student may begin a graduated return to play progression (see <i>CIF Concussion RTP Protocol</i> form).
<input type="checkbox"/>	This student has medical clearance for unrestricted athletic participation (Has completed the <i>CIF Concussion RTP Protocol</i> ).
<u>Comments:</u> _____	

Physician (MD/DO) Signature: \_\_\_\_\_

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

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: \_\_\_\_\_

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



# CIF Concussion Return to Play (RTP) Protocol



CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

### Instructions:

- A graduated return to play protocol **MUST** be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
  - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
  - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. <u>Minimum</u> of 6 days to pass Stages I and II.				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	Limited physical activity for at least 2 symptom-free days.	<ul style="list-style-type: none"> <li>• Untimed walking okay</li> <li>• No activities requiring exertion (weight lifting, jogging, P.E. classes)</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery and elimination of symptoms</li> </ul>
	II-A	Light aerobic activity	<ul style="list-style-type: none"> <li>• 10-15 minutes (<i>min</i>) of brisk walking or stationary biking</li> <li>• <b>Must be performed under direct supervision by designated individual</b></li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to no more than 50% of perceived maximum (<i>max</i>) exertion (e.g., &lt; 100 beats per min)</li> <li>• Monitor for symptom return</li> </ul>
	II-B	Moderate aerobic activity ( <i>Light resistance training</i> )	<ul style="list-style-type: none"> <li>• 20-30 min jogging or stationary biking</li> <li>• Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm)</li> <li>• Monitor for symptom return</li> </ul>
	II-C	Strenuous aerobic activity ( <i>Moderate resistance training</i> )	<ul style="list-style-type: none"> <li>• 30-45 min running or stationary biking</li> <li>• Weight lifting ≤ 50% of max weight</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to &gt; 75% max exertion</li> <li>• Monitor for symptom return</li> </ul>
	II-D	Non-contact training with sport-specific drills ( <i>No restrictions for weightlifting</i> )	<ul style="list-style-type: none"> <li>• Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>• No contact with people, padding or the floor/mat</li> </ul>	<ul style="list-style-type: none"> <li>• Add total body movement</li> <li>• Monitor for symptom return</li> </ul>
Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor.				
	III	Limited contact practice	<ul style="list-style-type: none"> <li>• Controlled contact drills allowed (no scrimmaging)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase acceleration, deceleration and rotational forces</li> <li>• Restore confidence, assess readiness for return to play</li> <li>• Monitor for symptom return</li> </ul>
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> <li>• Return to normal training, with contact</li> <li>• Return to normal unrestricted training</li> </ul>	
<b>MANDATORY:</b> You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice ( <i>If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above</i> )				
	IV	Return to play (competition)	<ul style="list-style-type: none"> <li>• Normal game play (competitive event)</li> </ul>	<ul style="list-style-type: none"> <li>• Return to full sports activity without restrictions</li> </ul>

Student's Name: \_\_\_\_\_

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

Date of Concussion Diagnosis: \_\_\_\_\_



## Concussion Return to Learn (RTL) Protocol



### Instructions:

- Keep brain activity below the level that causes worsening of symptoms (e.g., headache, tiredness, irritability).
- If symptoms worsen at any stage, stop activity and rest.
- Seek further medical attention if your child continues with symptoms beyond 7 days.
- If appropriate time is allowed to ensure adequate brain recovery before progressing mental activity, your child may have a better outcome (do not try to rush through these stages).
- Please give this form to teachers/school administrators to help them understand your child's recovery.

Stage	Home Activity	School Activity	Physical Activity
Brain Rest	<ul style="list-style-type: none"> <li>• Rest quietly, nap and sleep as much as needed</li> <li>• Avoid bright light if bothersome</li> <li>• Drink plenty of fluids and eat healthy foods every 3-4 hours</li> <li>• Avoid "screen time" (text, computer, cell phone, TV, video games)</li> </ul>	<ul style="list-style-type: none"> <li>• No school</li> <li>• No homework or take-home tests</li> <li>• Avoid reading and studying</li> </ul>	<ul style="list-style-type: none"> <li>• Walking short distances to get around is okay</li> <li>• No strenuous exercise</li> <li>• No driving</li> </ul>
	<i>Progress to the next stage when your child starts to improve, but may still have some symptoms</i>		
Restful Home Activity	<ul style="list-style-type: none"> <li>• Set a regular bedtime/wake up schedule</li> <li>• Allow at least 8-10 hours of sleep and short naps if needed (less than 1 hour)</li> <li>• Drink lots of fluids and eat healthy foods every 3-4 hours</li> <li>• Limit "screen time" to less than 30 minutes total a day; use large font</li> </ul>	<ul style="list-style-type: none"> <li>• No school</li> <li>• May begin easy tasks at home (drawing, baking, cooking)</li> <li>• Soft music and 'books on tape' okay</li> <li>• Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms they may go to the next step</li> </ul>	<ul style="list-style-type: none"> <li>• Progress physical activity, like untimed walking</li> <li>• No strenuous physical activity or contact sports</li> <li>• No driving</li> </ul>
	<i>Progress to the next stage when your child starts to improve and has fewer symptoms</i>		
Return to School - PARTIAL DAY	<ul style="list-style-type: none"> <li>• Allow 8-10 hours of sleep per night</li> <li>• Limit napping to allow for full sleep at night</li> <li>• Drink lots of fluids and eat healthy foods every 3-4 hours</li> <li>• "Screen time" less than 1 hour a day</li> <li>• Limit social time outside of school</li> </ul>	<ul style="list-style-type: none"> <li>• Gradually return to school</li> <li>• Start with a few hours/half-day</li> <li>• Take breaks in the nurse's office or a quiet room every 2 hours or as needed</li> <li>• Avoid loud areas (music, band, choir, shop class, locker room, cafeteria, loud hallway and gym)</li> <li>• Use brimmed hat/earplugs as needed. Sit in front of class</li> <li>• Use preprinted large font (18) class notes</li> <li>• Complete necessary assignments only</li> <li>• No tests or quizzes. Limit homework time</li> <li>• Multiple choice or verbal assignments better than long writing assignments</li> <li>• Tutoring or help as needed</li> <li>• Stop work if symptoms increase</li> </ul>	<ul style="list-style-type: none"> <li>• Progress physical activity and as instructed by physician</li> <li>• No strenuous physical activity or contact sports</li> <li>• No driving</li> </ul>
	<i>Progress to the next stage when your child can complete the above activities without symptoms</i>		
Return to School - FULL DAY	<ul style="list-style-type: none"> <li>• Allow 8-10 hours of sleep per night</li> <li>• Avoid napping</li> <li>• Drink lots of fluids and eat healthy foods every 3-4 hours</li> <li>• "Screen time" and social activities outside of school as symptoms tolerate</li> </ul>	<ul style="list-style-type: none"> <li>• Progress to attending core classes for full days of school</li> <li>• Add in electives when tolerated</li> <li>• No more than 1 test or quiz per day</li> <li>• Give extra time or untimed homework/tests</li> <li>• Tutoring or help as needed</li> <li>• Stop work if symptoms increase</li> </ul>	<ul style="list-style-type: none"> <li>• Progress physical activity and as instructed by physician</li> <li>• No strenuous physical activity or contact sports</li> <li>• Okay to drive</li> </ul>
	<i>Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms</i>		
Full Recovery	<ul style="list-style-type: none"> <li>• Return to normal home and social activities</li> </ul>	<ul style="list-style-type: none"> <li>• Return to normal school schedule and course load</li> </ul>	<ul style="list-style-type: none"> <li>• Start CIF Return to Play Protocol</li> </ul>



## Physician (MD/DO) Recommended School Accommodations Following Concussion



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the physician to share the following information with my child's school and for communication to occur between the school and physician for changes to this plan. Parent Signature: \_\_\_\_\_

The patient will be reevaluated for revision of these recommendations in \_\_\_\_\_ weeks. Date of Injury: \_\_\_\_\_

Physician Name (Print & Sign): \_\_\_\_\_ Date: \_\_\_\_\_ Date of Concussion Diagnosis: \_\_\_\_\_

This student has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the student from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic accommodations to be individualized for the student as deemed appropriate in the school setting. Accommodations can be modified as the student's symptoms improve/worsen. Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Area	Requested Accommodations	Comments
Attendance	<input type="checkbox"/> No School <input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work <u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____ <input type="checkbox"/> Full School day as tolerated by student <input type="checkbox"/> Allow water bottle in class and a snack every 3-4 hours	
Breaks	<input type="checkbox"/> If symptoms appear or worsen during class, allow student to go to quiet area or nurse's office; if no improvement after 30-60 minutes allow dismissal to home <input type="checkbox"/> <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
Visual Stimulus	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments / pre-printed notes <input type="checkbox"/> Notetaker for in-class material <input type="checkbox"/> Limited computer, TV screen, bright screen use (reduce brightness on monitors/screens) <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear brimmed hat in school; seat student away from windows and bright lights <input type="checkbox"/> Change classroom seating to front of room as necessary	
Auditory Stimulus	<input type="checkbox"/> Avoid loud classroom activities and loud classes/places (i.e. music class, shop class, gym, cafeteria) <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Allow student to wear earplugs or unplugged earbuds as needed <input type="checkbox"/> Allow class transitions before the bell	
School Work	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night; take a break every _____ minutes <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
Testing	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
Educational Plan	<input type="checkbox"/> Student is in need of a formal site-based academic support plan <input type="checkbox"/> Consider evaluation of a 504 plan if prolonged symptoms (usually > months) are interfering with academic performance	
Physical Activity	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Untimed walking in PE class/recess only <input type="checkbox"/> May begin graduated return to play protocol; see CIF Return to Play (RTP) protocol (cifstate.org)	