

Checklist for Youth Sports Concussion Safety Act

Revised October 2017

- I. **Determine whether your district and/or any of its learning centers must implement the new concussion requirements in Section 22-80 of the School Code.**
 - A. Section 22-80 of the School Code contains concussion safety directives for school boards and certain identified staff members. (105 ILCS 5/22-80, added by P.A. 99-245, amended by P.A.s 99-486 and 100-309.) Its requirements went into effect at the beginning of the 2016-2017 school year. The Board Attorney should be involved in your district's implementation of this law.
 - B. A school district must implement Sec. 22-80 if it offers *interscholastic athletic activities* or *interscholastic athletics* under the direction of a coach (volunteer or school employee), athletic director, or band leader. 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 (IHSA). Sec. 22-80(b) lists the following examples of *interscholastic athletic activities*: 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, and wrestling.
 - C. A school district may need to implement its return-to-learn protocol for a student's return to the classroom after he or she is believed to have experienced a concussion, "whether or not the concussion took place while the student was participating in an interscholastic activity." Sec. 22-80(d). See IV.C. below.
 - D. IASB revised its sample PRESS policy 7:305, *Student Athlete Concussions and Head Injuries*, and its sample Administrative Procedure, 7:305-AP, *Program for Managing Student Athlete Concussions and Head Injuries*, in **PRESS** Issue 96, October 2017. Resource material from the Centers for Disease Control and Prevention (CDC) and Lurie Children's Hospital is at: www.cdc.gov/headsup/index.html and <https://www.luriechildrens.org/en-us/care-services/specialties-services/institute-for-sports-medicine/concussion-program/Documents/lurie-return-to-learn-guide.pdf>.

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This Checklist was updated by **Debra H. Jacobson**, IASB Assistant General Counsel.

E. The following are not covered by this Checklist:

1. 105 ILCS 25/1.15 requires all high school coaching personnel to complete online concussion awareness training and all student athletes to view the IHSA video about concussions.
2. 105 ILCS 25/1.20 requires all IHSA member schools that have certified athletic trainers to complete a monthly report on student-athletes at the member school who have sustained a concussion during a school-sponsored activity overseen by the athletic trainer or when the athletic director is made aware of a concussion sustained by a student during a school sponsored event.

II. 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 in an interscholastic athletic activity for the school year until the student and the student's parent/guardian sign a form acknowledging that they received and read written information explaining concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in activities following a concussion. Sec. 22-80(e).
- B. The form must be approved by IHSA. Sec. 22-80(e). See IHSA Concussion Protocols at [ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx](https://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx) and IHSA Sports Medicine Acknowledgement & Consent Form (Concussion, PES, Asthma Medication) at [ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx](https://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx).

III. Appoint a "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. 22-80(d).
- B. The board should decide whether to make the Concussion Oversight Team an administrative or board committee. If it is a board committee, it must comply with the Open Meetings Act, 5 ILCS 120/1.02. See PRESS policy 2:150, *Committees*.
- C. Sec. 22-80 identifies who must be on each Concussion Oversight Team. A physician, to the extent possible, must be on the Team. If the school employs an athletic trainer and/or nurse, they must be on the Team to the extent practicable. The Team must include, at a minimum, one person who is responsible for implementing and complying with the return-to-play and return-to-learn protocols adopted by the Team. Other licensed health care professionals may be appointed to serve on the Team. At a minimum, the Team may be composed of only one person, who need not be a licensed healthcare professional, but may not be a coach. Sec. 22-80(d).

IV. Develop protocols in accordance with Sec. 22-80(d).

- A. The Concussion Oversight Team must establish two protocols – a return-to-play protocol and a return-to-learn protocol. Both protocols must be based on peer-reviewed scientific evidence consistent with guidelines from the Centers for Disease Control and Prevention, www.cdc.gov/headsup/highschoolsports/index.html.
- B. The return-to-play protocol governs a student’s return to interscholastic athletic practice or competition following a force of impact believed to have caused a concussion. Some attorneys question whether the return-to-play protocol is limited to when the concussion occurred *during an interscholastic athletic activity* because the statute does not state “whether or not the concussion took place while the student was participating in an interscholastic athletic activity.” It makes sense, however, to apply the return-to-play protocol whenever a student suffers a concussion before allowing him or her to participate in an interscholastic athletic activity. IHSA’s website contains a form for this, *Post-concussion Consent Form (RTP/RTL)*, at ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx.
- C. The return-to-learn protocol governs a student’s return to the classroom after the student is believed to have experienced a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity. IHSA’s website contains a form for this, *Post-concussion Consent Form (RTP/RTL)*, at ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx.

V. Remove a student from interscholastic athletic practice or competition when the student is believed to have suffered a concussion.

A student must be removed from an interscholastic athletic practice or competition immediately if one or more of the following persons believes that a student sustained a concussion during the practice and/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 school’s return-to-play protocol. Sec. 22-80(f).

VI. Return the student to interscholastic athletic practice or competition only after statutory prerequisites are completed.

- A. The student removed from interscholastic athletic practice or competition may not return to practice or compete again until each of the following statutory prerequisites from Section 22-80(g) has occurred:
 - 1. The student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, by a treating physician (chosen by the student or the student’s parent or guardian or another person with legal authority to make medical decisions for the student) an athletic trainer working under the supervision of a physician, an advanced practice registered nurse, or a physician assistant;

2. The student has successfully completed each requirement of the return-to-play protocol established under this Section necessary for the student to return to play;
3. The student has successfully completed each requirement of the return-to-learn protocol established under this Section necessary for the student to return to learn;
4. The treating physician, the athletic trainer working under the supervision of a physician or the physician assistant has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play and return to learn, or the treating advanced practice registered nurse has provided a written statement that it is safe for the student to return to play and return to learn; and
5. The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play and return-to-learn protocols necessary for the student to return to play;
 - (B) have provided the treating physician's, athletic trainer's, advanced practice registered nurse's or physician assistant's written statement under subdivision (4) of this subsection (g) to the person responsible for compliance with the return-to-play and return-to-learn protocols under this subsection (g) and the person who has supervisory responsibilities under this subsection (g); and
 - (C) have signed a consent form indicating that the person signing: (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play and return-to-learn protocols; (ii) understands the risks associated with the 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; and (iii) consents to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's, athletic trainer's, physician assistant's, or advanced practice registered nurse's written statement under subdivision (4) of this subsection (g) and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, as the case may be.

- B. An athletic team coach or assistant coach may not authorize a student's return-to-play or return-to learn.

VII. Comply with all training requirements in Section 22-80(h)(2).

- A. The training requirements depend on the position held by an individual. A person required to take concussion training must complete the prior to serving on a Concussion Oversight Team.
- B. Additionally, the following persons must take a training course from an authorized training provider at least once every two years (Sec. 22-80(h)(2)):
 1. A coach or assistant coach (whether volunteer or a district employee) of an interscholastic athletic activity. Such coach or assistant coach must take the training course on concussions approved by IHSA. Sec. 22-80(h)(4).

2. A nurse, licensed healthcare professional¹, or non-licensed healthcare professional who serves as a member of a Concussion Oversight Team either on a volunteer basis or as an employee, representative, or agent of a school. Nurses and other licensed healthcare professionals must take the training as specified in paragraph C.2. below.
 3. A game official of an interscholastic athletic activity.
- C. In addition, in accordance with Sec. 22-80(h)(4),
1. An athletic trainer must take a concussion-related continuing education course from an athletic trainer continuing education sponsor approved by the Department of Financial and Professional Regulation (“Department”); and
 2. A nurse must take a course a concussion-related continuing education course from a nurse continuing education sponsor approved by the Department.
 3. A physical therapist must take a concussion-related continuing education course from a physical therapist continuing education sponsor approved by the Department.
 4. A psychologist must take a concussion-related continuing education course from a psychologist continuing education sponsor approved by the Department.
 5. An occupational therapist must take a concussion-related continuing education course from an occupational therapist continuing education sponsor approved by the Department.
 6. A physician assistant must take a concussion-related continuing education course from a physician assistant continuing education sponsor approved by the Department.
- D. The individual must submit proof of the training to the Superintendent or designee in accordance with Sec. 22-80(h)(5).
- E. A physician who serves as a member of a Concussion Oversight Team shall, to the greatest extent practicable, periodically take an appropriate continuing medical education course in the subject matter of concussions. Sec. 22-80(h)(3).
- F. A physician, licensed healthcare professional, or non-licensed healthcare professional who does not comply with the training requirements may not serve on a Concussion Oversight Team in any capacity. Sec. 22-80(h)(6).
- G. Online concussion awareness training is mandated for all high school coaching personnel, including the head and assistant coaches, and athletic directors. Coaching personnel and athletic directors hired before 8-19-2014 had to be certified by 8-19-2015. Coaching personnel and athletic directors hired on or after 8-19-2014 must be certified before the starting date of their position. In addition, student athletes are required to view the Ill. High School Association’s video about concussions.

¹ A “licensed healthcare professional” includes a nurse who has experience with concussion management, a clinical psychologist who specializes in the practice of neuropsychology, a physical therapist, occupational therapist, a physician assistant, or an athletic trainer. 105 ILCS 5/22-80(b). As a matter of best practice and to reduce liability, all Team members should receive the training; however, consult with the board attorney for further guidance.

VIII. Develop an Emergency Action Plan.

- A. The school board must adopt a school-specific emergency action plan for interscholastic athletic activities to address the serious injuries and acute medical conditions in which a student's condition may deteriorate rapidly. Sec. 22-80(i). A template is available on the IHSA website under *Emergency Action Plan (EAP) Resources* at [ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx](https://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx).
- B. The plan shall include a delineation of roles, methods of communication, availability of and access to emergency equipment, and a plan for emergency transport.
- C. This emergency action plan must comply with Sec. 22-80(i), **quoted below**, by being:
 1. in writing;
 2. reviewed by the concussion oversight team;
 3. approved by the district superintendent or the superintendent's designee in the case of a public elementary or secondary school, the chief school administrator or that person's designee in the case of a charter school, or the appropriate administrative officer or that person's designee in the case of a private school;
 4. distributed to all appropriate personnel;
 5. posted conspicuously at all venues utilized by the school; and
 6. reviewed annually by all athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.