

# Checklist for Youth Sports Concussion Safety Act

Revised January 2016

- 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.) **Its requirements apply beginning with the 2016-2017 school year.** (P.A. 99-486.) 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 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*, in October 2015. It will revise its sample Administrative Procedure, 7:305-AP, *Program for Managing Student Athlete Concussions and Head Injuries*, in 2016. Resource material from the Centers for Disease Control and Prevention (CDC) and Lurie Children's Hospital is posted on the IASB website at [www.iasb.com/law/](http://www.iasb.com/law/).

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E. The following are not covered by this Checklist:

1. 105 ILCS 5/10-20.54 required each school board to adopt a policy regarding student athlete concussions and head injuries that is in compliance with IHSA's protocols, policies, and by-laws. This section was repealed by P.A. 99-245 but school districts should continue to be guided by it until they fully comply with the Youth Sports Concussion Safety Act which must occur no later than the beginning of the 2016-2017 school year.
2. 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.

## **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.org/Resources/SportsMedicine/ConcussionManagement.aspx](http://ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx) generally and specifically *IHSA Concussion Protocols* and *IHSA Sports Medicine Acknowledgment & Consent Form (Concussion, PES, Asthma Medication)*.

## **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. 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](http://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/ParentGuardianResources.aspx](https://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.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/ParentGuardianResources.aspx](https://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.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, **quoted below** 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) or an athletic trainer working under the supervision of a physician;
- (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 or athletic trainer working under the supervision of a physician 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; 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 or athletic trainer'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 or athletic trainer'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 initial training no later than Sept. 1, 2016 (Sec. 22-80(h)(7)).
- B. The following persons must take a training course from an authorized training provider at least once every 2 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 who serves as a member of a concussion oversight team and is an employee, representative, or agent of a school. A nurse must take the training as specified in paragraph C.2. below.
  - 3. A game official of an interscholastic athletic activity.
  - 4. A nurse who serves on a volunteer basis as a member of a concussion oversight team for a school.
- 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; and

2. A nurse must take a course concerning the matter of concussions that has been approved for continuing education credit by the Department of Financial and Professional Regulation.
- 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, athletic trainer, or nurse 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 was mandated for all high school coaching personnel, including the head and assistant coaches, and athletic directors, by P.A. 98-1011, eff. 8-19-2014. Coaching personnel and athletic directors hired before the effective date of this law must 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.

### 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.