

Return-to-Learn After a Concussion



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Onslow County Schools Guidelines for Implementation

NORTH CAROLINA STATE BOARD OF EDUCATION

Priority: Healthy Responsible Students

Category: Student Health Issues

Policy ID Number: HRS-E-001

Policy Title: Return-to-Learn After Concussion

Current Policy Date: 10/01/2015

Other Historical Information:

Statutory Reference: GS 115C-12(12)

Administrative Procedures Act (APA) Reference Number and Category:

Concussion Monitoring: Return to Learn

- (a) Each Local Education Agency (LEA) and charter school must develop a plan for addressing the needs of students preschool through twelfth grade suffering concussions. The plan must include:
 - 1) guidelines for removal of a student from physical and mental activity when there is suspicion of concussion;
 - 2) a notification procedure to education staff regarding removal from learn or play;
 - 3) expectations regarding annual medical care update from parents, medical care plan/school accommodations in the event of concussion; and
 - 4) delineation of requirements for safe return-to-learn or play following concussion.
- (b) In accordance with the LEA or charter school plan, each school must appoint a team of people responsible for identifying the return-to-learn or play needs of a student who has suffered a concussion. This team may include the student, student's parent, the principal, school nurse, school counselor, school psychologist, or other appropriate designated professional.
- (c) Each LEA and charter school must provide information and staff development on an annual basis to all teachers and other school personnel in order to support and assist students who have sustained a concussion in accordance with their learning and behavioral needs. This annual training should include information on concussion and other brain injuries, with a particular focus on return-to-learn issues and concerns.
- (d) Each LEA and charter school will include in its annual student health history and emergency medical information update a question related to any head injury/concussion the student may have incurred during the past year.

This plan shall be implemented at the beginning of the 2016-2017 academic school year.

NORTH CAROLINA STATE BOARD OF EDUCATION
“Return-to-Learn after Concussion”
ID Number: HRS-E-001
Approved: October 1, 2015
Effective: 2016-2017 School Year
Implementation Guide/Resource Document

A concussion is a mild form of traumatic brain injury (mTBI) that changes the way a person's brain normally works. A concussion is caused by a bump, blow, and/or a jolt to the head that may not involve physical contact. Concussions can occur with or without loss of consciousness. Signs and symptoms of a concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. The physical symptoms that are common following a concussion may include headaches, double vision, light sensitivity, dizziness, fatigue and/or sensitivity to noise. Learning difficulties that may be present include those associated with light and noise sensitivity, cognitive fatigue, slippages in attention, problems with memory, and/or slower processing speed. Any of these symptoms may negatively impact a student's learning, emotion regulation, or behavioral functioning in the school setting. These symptoms usually resolve in 1-2 weeks in the majority of cases, but in many cases they can linger for months. Consequently, there is a need for guidelines to support all students in their return to the educational environment after sustaining a concussion.

In 2011 the North Carolina General Assembly passed the Gfeller-Waller Concussion Awareness Act (GWCA) that addresses concussion management for injuries experienced in the context of participation in public school sports. This law provided clear guidelines and procedures for managing the concussion symptoms of middle and high school students, including return-to-play guidelines, but did not address non-sports related injuries, injuries that occurred outside the school setting, injuries to younger children, or the needs of students as they returned to the learning environment. The current policy provides “return-to-learn” guidelines that should assist school districts in addressing the learning, emotional, and behavioral needs of all students, including those under the GWCA, following a concussion.

In support of the Return to Learn policy, this Implementation Guide:

1. Provides guidelines for the identification of students who have sustained a concussion;
2. Guides staff in the evaluation of a student with a concussion and provides guidelines for parent notification;
3. Provides parents and staff with concussion education;
4. Provides guidance for staff as they develop educational and health-related accommodations for students who have sustained a concussion;
5. Provides guidance to staff as they provide educational supports for students with prolonged symptoms related to concussion. (Persisting problems following concussion in children are more common in those with previous head injury, as well as those who have experienced preexisting learning difficulties, neurological, or psychiatric difficulties.)

Each of the following sections of this guide will explain a particular policy statement, offer examples of implementation, and provide resources that each LEA and charter school may

use to develop local guidelines in meeting the needs of students who have experienced concussions.

(a) Each Local Education Agency (LEA) and charter school must develop a plan for addressing the needs of students, preschool through twelfth grade, suffering concussions. The plan must include:

1) Guidelines for removal of a student from physical and mental activity when there is suspicion of concussion;

<p>Explanation:</p>	<p>Any teacher, coach, school administrator, school counselor, school psychologist, school nurse, teacher assistant, or other staff member who suspects that any student has suffered a concussion or other head injury shall immediately remove the student from any activities that may result in a further risk of head injury (e.g., physical education, recess, athletic competition, etc.)</p>
<p>Examples of Implementation:</p>	<p>Any school employee who suspects that a student has suffered a concussion, or otherwise seriously injured their head, neck or back, will immediately remove the student from the physical activity in order to reduce the risk of further injury.</p> <p>In some instances, the student should not be moved. Signs and symptoms of a possible head, neck, and/or back injuries are listed below. If you observe or suspect that a student is experiencing even one of these symptoms, the student <i>MUST</i> immediately be removed from all participation. School employees shall always err on the side of caution when a student sustains or reports sustaining a head, neck, or spinal injury.</p> <p>A Certified Athletic Trainer (ATC)/School Nurse/First Responder shall be contacted immediately so an evaluation can be performed. Please note that if the student is unconscious or has an altered level of consciousness, 911 shall be called immediately.</p> <p>Signs of Head, Neck, and Back Injuries may include:</p> <ul style="list-style-type: none"> • Change in consciousness • Severe pain or pressure in the head, neck, or back • Tingling or loss of sensation in the hands, fingers, feet, or toes • Partial or complete loss of movement of any body part • Unusual bumps or depressions on the head or over the spine • Blood or other fluids in the ears or nose • Heavy external bleeding of the head, neck, or back • Seizures • Impaired breathing as a result of injury • Impaired vision (e.g., double vision) as a result of the injury • Nausea or vomiting • Persistent headache • Loss of balance • Bruising of the head, especially around the eyes or behind the ears

<p>Resources:</p>	<p>Websites:</p> <p>Center for Disease Control - Heads-up Program - http://www.cdc.gov/headsup/pdfs/schools/tbi_schools_checklist_508-a.pdf</p> <p>Matthew Gfeller Sport Related Traumatic Brain Injury Research Center at UNC-Chapel Hill http://tbicenter.unc.edu/index.html</p> <p>North Carolina Emergency Guidelines for Schools - https://www2.ncdhhs.gov/dhsr/EMS/pdf/kids/guidelines.pdf</p> <p>BrainSteps Recommended Protocol - http://brainsteps.net/_orbs/about/2_BrainSTEPS_Protocol.pdf</p> <p>Resources from other school districts:</p> <p>Cabarrus County Schools: http://www.cabarrus.k12.nc.us/Page/1044</p> <p>Charlotte-Mecklenburg Schools: Management of the Student Post-Concussion</p> <p>Wake County Public School System: WCPSS Management of Suspected Severe Injuries https://drive.google.com/open?id=0B4ilaeAe6nJ-RmtXcGRYRTRkR2c</p>
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2) Notification procedure to education staff regarding removal from learning or play;

<p>Explanation:</p>	<p>If a student has a diagnosed concussion, then all stakeholders in the student's education must be notified (e.g., teachers, coaches, administrators, etc.) This procedure should be in written form and accessible by all staff.</p>
<p>Examples of Implementation:</p>	<p>It is recommended that each school designate a professional to be the concussion contact for the school. This person facilitates the return to learn procedures. <u>This can be any professional in the school setting and they should be clearly identified by the school administration.</u></p> <p>Depending on the size of the school, a case manager may also be another useful role to designate. Potential duties of a case manager may be as follows:</p> <ul style="list-style-type: none"> • Follow up with parent as needed to ensure student's needs are being addressed • Coordinate the development and follow-up of an Educational Plan of Care <p>Whoever receives the initial notification of a student's diagnosed concussion should inform the designated concussion contact (e.g., parent provides initial</p>

	<p>documentation to school receptionist, who then immediately alerts the designated concussion contact at the school.)</p> <p>Upon notification of a diagnosed concussion, the concussion contact immediately notifies the parent/guardian (if necessary), teacher(s), and school nurse. Others should be notified (i.e., exceptional children instructional coach, athletic/sports coach, etc.) as needed. This written notification serves the following purposes:</p> <ul style="list-style-type: none"> • Assignment of case manager (if utilized) • Informs others of concussion • Includes symptoms for parent(s) and teachers to watch for • Asks teachers to note needed accommodations/modifications • Lists recommendations from physician (if available) • Gives directions to contact concussion contact with questions/concerns
<p>Resources:</p>	<p>Websites:</p> <p>BrainSteps Recommended Protocol: http://brainsteps.net/orbs/about/2_BrainSTEPS_Protocol.pdf</p> <p>BrainSteps Notification Flow Chart</p> <p>Resources from other school districts:</p> <p>Wake County Public School System: WCPSS Assisting Students with a Concussion</p>

3) Expectations regarding annual medical care update from parents, medical care plan/school accommodations in the event of concussion;

<p>Explanation:</p>	<p>Annual medical care update: this is explained more fully in component (d) below.</p> <p>Medical Care Plan/ Educational Care Plan: The Return-to-School plan may represent different levels and duration of care including, but not limited to:</p> <ul style="list-style-type: none"> • monitoring of learning, emotional functioning and behavior across all school settings • targeted strategies to support learning and behavior – including reasonable periods of cognitive rest and physical restrictions (as guided by the medical professional involved) • a Medical Care Plan, or • other interventions, as deemed necessary for the student by the designated school-based team
<p>Examples of Implementation:</p>	<p>If the student is experiencing difficulties due to the concussion, development of an Educational and/or Medical Care Plan will occur. It is recommended that this occur via a face-to-face meeting.</p>

	<ul style="list-style-type: none"> • Initiation and coordination of this meeting would involve the concussion contact and (if applicable) the case manager. • Suggested participants (if not already included as concussion contact and case manager) include: teacher(s), parent(s), school counselor, school nurse, and administration. • Others could include the student, school psychologist, coach, etc., as needed and appropriate. <p>Medical Care Plan: A document outlining the accommodations and modifications a student may need to address medical symptoms while recovering from a concussion. This plan is reviewed as often as necessary, (recommended - weekly).</p> <ul style="list-style-type: none"> • The Medical Care Plan is led by the school-based health care professional. • The Medical Care Plan may also be referred to as the Individual Health Care Plan. • <p>Educational Care Plan: A document outlining the supports that a student may need to address academic, emotional, and behavioral difficulties while recovering from a concussion. This plan is reviewed as often as necessary (recommended as frequently as the Medical Care Plan).</p> <ul style="list-style-type: none"> • The Educational Care Plan is led by the designated school professional (may be the concussion contact or case manager designated at the school).
<p>Resources:</p>	<p><i>Resources from other school districts:</i></p> <p>Cabarrus County Schools: CCS Return to Learn: Academic Accommodation Plan Following Concussion CCS Modifications Form</p> <p>Charlotte Mecklenburg Schools: Management of the Student Post-Concussion-CMS</p> <p>Wake County Public School System: WCPSS Assisting Students with a Concussion WCPSS Academic Plans of Care WCHS Medical Care Plan</p>

4) Delineation of requirements for safe return-to-learn or play following concussion.

<p>Explanation:</p>	<p>If a concussion is diagnosed by a medical care provider, then appropriate steps should be taken to address that student's learning, emotional, and behavioral needs throughout the course of recovery. The continuum of support provided could include appropriate monitoring of recovery, academic and/or functional accommodations, or temporary removal from the formal classroom environment.</p> <p>Prolonged symptoms must be addressed in a manner that matches the student's needs to the level of intervention. If the Return-to-Learn Plan</p>
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	<p>(Medical Care Plan, Educational Care Plan) is found to be insufficient in meeting the needs of a student at any point during the monitoring process, the school-based team should become involved in order to identify appropriate targeted interventions for the student.</p> <ul style="list-style-type: none"> • When possible, a School Psychologist who is certified as an approved provider for assessment of TBI, should be part of this decision-making process.
<p>Examples of Implementation:</p>	<ul style="list-style-type: none"> • The Educational Care Plan is reviewed as often as necessary, (recommended as often as the Medical Care Plan). • As a student progresses in recovery, decrease the intensity of the accommodations and modifications until the student has been symptom free without accommodations/modifications for two or more weeks. The plan can then be discontinued. • If an Educational Care Plan has been in place and proven insufficient in improving the educational (academic and/or functional) performance of the student, then the student should be referred to the school-based problem solving team for direct support specific to academic and/or functional needs. • For students with existing 504 plans/IEPs, these plans are not amended unless a student demonstrates a significant need in direct relation to their concussion. • If state testing accommodations are needed, the use of the transitory impairment procedure may be appropriate.
<p>Resources:</p>	<p><i>Resources from other states:</i></p> <p>BrainSteps flowchart</p> <p>Oregon http://cbirt.org/ocamp/resources/</p> <p>Return to Academics http://media.cbirt.org/uploads/files/return_to_academics.pdf</p> <p>Plan of Accommodations http://media.cbirt.org/uploads/files/504_plan_ocamp.pdf</p> <p><i>Resources from other school districts:</i></p> <p>Cabarrus County Schools: http://www.cabarrus.k12.nc.us/Page/1044 CCS Return To Learn CCS Modifications Form</p> <p>Charlotte Mecklenburg Schools: Management of the Student Post-Concussion-CMS</p> <p>Wake County Public School System: WCPSS Assisting Students with a Concussion WCPSS Academic Plans of Care WCPSS Academic Plan of Care How To PPT</p>

(b) In accordance with the LEA or charter school plan, each school must appoint a team of people responsible for identifying the return-to-learn or play needs of a student who has suffered a concussion. This team may include the student, student’s parent, the principal, school nurse, school counselor, school psychologist, or other appropriate designated professional.

Explanation:	If an Educational or Medical Care Plan is deemed necessary, this should be developed by a designated team of school-based professionals, the student's parent(s)/guardian(s) and medical care providers in order to address the needs of that student as they progress through recovery.
Examples of Implementation:	<ul style="list-style-type: none"> • The parent/guardian and designated Concussion Contact (or other designated school professional) are present in the development of the plan of care. • The student should be invited at the team's discretion. • If the student's teacher(s) cannot be present when the plan is developed, input should be gathered prior to development. Individuals that may also be consulted, but are not required members of the team, may include the school nurse, school counselor, school psychologist and/or a coach/athletic director.
Resources:	<p><i>Resources from other states:</i></p> <p>Oregon Concussion Management Team</p> <p><i>Resources from other school districts:</i></p> <p>Cabarrus County Schools: Concussion Protocol</p> <p>Wake County Public School System: WCPSS Assisting Students with a Concussion WCPSS Concussion FAQ WCPSS Academic Plans of Care WCPSS Academic Plan of Care How To PPT</p>

(c) Each LEA and charter school must provide information and staff development on an annual basis to all teachers and other school personnel in order to support and assist students who have sustained a concussion in accordance with their learning and behavioral needs. This annual training should include information on concussion and other brain injuries, with a particular focus on return-to-learn issues and concerns.

<p>Explanation:</p>	<p>This annual updating will remind all school personnel of concussions and their impact on students' school functioning, the concussion policy, and the specific procedures developed by the school to implement the state concussion policy. This also will permit discussion of any needed changes to the district level procedures for assisting students who have sustained a concussion.</p>
<p>Examples of Implementation:</p>	<ul style="list-style-type: none"> • Presentation contains information regarding: <ul style="list-style-type: none"> ○ What a concussion is and how it might manifest within the classroom ○ Roles and responsibilities of designated staff members ○ School procedures for return-to-learn • Presentation may be provided by student services at the beginning of each school year • Presentation might be delivered as schools are doing annual diabetes education or other annual education • Presentation may be delivered as an on-line tutorial for staff to watch at their convenience • Presentation of information as per the GWCA might also be included
<p>Resources:</p>	<p>Websites: Gfeller-Waller Concussion Awareness Act http://gfellerwallerlaw.unc.edu/GfellerWallerLaw/gwlaw.html</p> <p>Center for Disease Control - Heads-up Program: http://www.cdc.gov/headsup/schools/index.html</p> <p>Dr. Mike Evans - Concussion management and return to learn: https://www.youtube.com/watch?v=_5YmblG9YM</p> <p>American Academy of Neurology https://www.aan.com/concussion</p> <p>Resources from other states:</p> <p>Oregon http://cbirt.org/ocamp/resources/</p> <p>Nebraska http://biane.org/audience/concussion/concussiontraining/concussion-managementtraining.html</p> <p>Colorado https://www.colorado.gov/pacific/cssrc/concussion-traumatic-brain-injury http://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/brain injury/finalconcussionguidelines8.22.12.pdf</p> <p>BrainSteps http://brainsteps.net/#resources</p> <p>Resources from other school districts:</p>

	Wake County Public School System: WCPSS Concussion Presentation WCPSS Signs and Symptoms WCPSS Concussion FAQ
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(d) Each LEA and charter school will include in its annual student health history and emergency medical information update a question related to any head injury/concussion a student may have incurred during the past year.

<p>Explanation:</p>	<p>A system of collecting information annually must be installed by all LEAs and charter schools. Each LEA and charter school must determine how this information should be gathered and housed. If the update indicates a previously unknown head injury, this should initiate the notification process of return-to-learn.</p>
<p>Examples of Implementation :</p>	<ul style="list-style-type: none"> • Most schools have a student information card/document completed annually by the parent/guardian that provided updated contact and emergency information. <ul style="list-style-type: none"> ○ On the annual student information card/document, a question regarding current medical needs or past history of concussion could be included. For example, "Has your student experienced a head injury of any kind (e.g. concussion) in the past year?" • The medical information page in PowerSchool may also be used for documentation.
<p>Resources:</p>	<p><i>Resources from other states:</i></p> <p>Health History Form W/ Concussion Included http://www.rockbridge.k12.va.us/documents/health/student_health_history_form.pdf</p>

Quick References and Forms

Management of Head, Neck, or Back Injuries

Head, neck, and/or back injuries can be the most fatal and critical injuries that athletes sustain! If you suspect that a student or student athlete has a head, neck, or back injury, tell him or her to respond verbally to any questions you ask and to avoid nodding or shaking their head. The goal in caring for a person with a head, neck, or back injury is to minimize movement.

Signs and symptoms of a possible head, neck, and/or back injuries are listed below. If you observe a student or student athlete experiencing even one of these symptoms, the athlete **MUST immediately be removed from all participation.** If the ATC/First Responder/School Nurse is available, contact him/her immediately so an evaluation can be performed. If the ATC/First Responder/School Nurse is not accessible provide the following care. **Please note that if the athlete is unconscious or has an altered level of consciousness 911 should be called immediately.**

Signals of Head, Neck, and Back Injuries May Include:

- Change in consciousness
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, or toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing as a result of injury
- Impaired vision (e.g., double vision) as a result of the injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes or behind the ears

Caring for Head, Neck, and Back Injuries

1. Contact the ATC/First Responder/School Nurse and/or EMS immediately!
2. Minimize movement of the head, neck, and/or back
3. Check for consciousness and breathing.
4. Maintain an open airway.
5. Control any external bleeding.
6. Keep the victim calm. Comfort and reassure them. Encourage them to stay still until help (ATC or EMS) arrive.
7. **CONTACT PARENT/LEGAL GUARDIAN.**

***** After contacting the parents, make sure to contact both the Athletic Trainer/First Responder/School Nurse if they are not present on the scene.*****

Management of Suspected Head Injuries

Signs and symptoms of a possible concussion are listed below. If you observe an athlete experiencing even one of these symptoms, the student or student athlete **MUST be removed immediately from all participation.** If the ATC/First Responder/School Nurse is available, contact him/her immediately so an evaluation can be performed. If the ATC/First Responder/School Nurse is not accessible, contact parent and recommend a prompt physician evaluation.

***** After calling the parents, make sure to contact both the Athletic Director or Athletic Trainer/First Responder if they are not present on the scene.*****

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head
- Can change the way your brain normally works
- Can range from mild to severe
- Can occur during practices, games in any sport, recess, physical education, or during any physical activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or had your "bell rung"

What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion

Any student or student athlete with a suspected concussion must see a physician for return to play clearance.

Management of the Student with Concussion

Objective: To provide for the education of a student experiencing a concussion while promoting safety, healing and academic engagement.

A concussion is defined as a brain injury that results in a temporary disruption of normal brain function. This occurs when the brain is rocked back and forth inside the skull as a result of a blow to the head or body. A concussion can occur from contact with another person, hitting a hard surface, or getting hit by a piece of equipment. Concussions occur in athletics as well in recreational activities, physical education classes, skate boarding, automobile accidents, among others.

Signs and symptoms of a concussion typically fall into four major categories: physical, cognitive, emotional, and sleep related. The following table identifies the common symptoms in these categories. During the recovery phase, a student may experience a wide variety of symptoms that can impact physical and academic performance in the school setting. Concussions vary as does the presentation of symptoms and course of recovery. This is not a comprehensive list of symptoms:

Physical	Cognitive (Thinking)	Behavioral and Emotional	Other
Headache/Neck Pain	Slowed Thinking	Inappropriate Emotions	Fatigue
Nausea or Vomiting	Feeling "Slowed Down"	Personality Change	Drowsiness
Dizziness/Poor Balance	Slowed/Slurred Speech	Nervousness/Anxiety	Excess Sleep
Low Energy	Difficulty Remembering	Feeling More "Emotional"	Trouble Falling Asleep
Trouble with Vision	Difficulty Concentrating	Irritability	Sleeping Less
Sensitivity to Light/Noise	Easily Confused	Sadness	Disoriented
Vacant Stare	Change in Performance	Lack of Motivation	Excessive Daydreaming

Current research demonstrates that most symptoms subside in 1-3 weeks post-concussion in approximately 80% of individuals, with the remaining 20% exhibiting symptoms over a more moderate or long term basis. Strict adherence to the medical care recommendations is imperative to the recovery process.

Onslow County Schools involves a multidisciplinary team approach with concussion issues. The team at the school level may include the school nurse, school counselor, 504 Coordinator, athletic trainer, coaches, physical education teachers, administrators, classroom teachers, parents, health care providers, and the student- all focusing on the student support and needs.

Onslow County Schools Concussion Protocol

1. A school nurse or a certified athletic trainer (ATC) who assesses a student and determines they are exhibiting signs and symptoms consistent with a concussion can complete a temporary Academic Modification Form. This form will allow students to start receiving appropriate academic restrictions to facilitate a quicker recovery. **Parents must be notified of this process.** These modifications will expire in five (5) school days. This should allow students to be seen by a medical provider to determine if any further/other restrictions are necessary.
2. Parent/Guardian shall be provided with the "Return to Learn: Academic Accommodation Plan Following a Concussion" form to be completed by the medical provider as well as the "Parent Information Sheet". A signed copy of the Parent Information Sheet should be kept on file at the school.
3. Once seen by a medical provider, a parent or the student should return the "Return to Learn: Academic Accommodation Plan Following a Concussion" form with any restrictions recommended to the school concussion contact. (Teachers and other school staff should be notified about a student with a concussion by the concussion contact ASAP so that appropriate accommodations can be implemented without delay.)
4. The concussion contact will personally notify the teachers and the Section 504 coordinator (if appropriate) of the physical and academic accommodations recommended by the medical provider. Within 2 school days, the concussion contact will notify the parent that the accommodations are in place, will confirm plan, related to the follow-up medical appointment, and will provide Parent Information Sheet.
5. At one week (7 days): School nurse/ATC will follow up with the student. If the medical provider has not released the student by this follow-up, the teachers, and school nurse/ATC will meet to discuss the observations and notations about the student's classroom performance as well as any physical concerns. Once a release of information has been signed, the nurse/ATC will contact the medical provider to share the information about the student's performance in the academic environment.
6. If student has not been released to normal activity by the 14th calendar day of modifications, there will be a meeting to implement a Transitory Impairment Plan (scheduled by the Section 504 coordinator).
7. At this meeting- complete the Transitory Impairment Plan (which provides student with accommodations that are appropriate on a temporary basis, with an understanding of "best practice" for student recovery). This meeting should include the nurse/ATC, 504 coordinator, teacher(s), student and parent(s). The meeting can include the parent(s) as "face to face" or via phone conference, but it is important that they be included in the discussion. Provide the parent with copy of the Transitory Impairment Plan and "Parent Information Sheet on Concussions" with parent signature confirming they have received this information. Provide each teacher of the student with a copy of the Transitory Impairment Plan (with documentation indicating they have received a copy).
8. The physical and academic accommodations must be renewed, at minimum, every 21 days by a licensed medical provider. (Please share this information with the parents.) Schedule the next meeting to review the student progress (physically and academically) and the need to continue accommodations.
9. Review the Transitory Impairment Plan periodically (following medical provider visit or at minimum every 21 days) as a team until the student is medically cleared.
10. If and when you reach the five (5) month mark with this impairment, meet as a team with updated medical provider information to discuss a referral for Section 504 eligibility.



Parent Information Sheet on Concussions

One of the primary goals of Onslow County Schools is to meet the educational needs of our students. In the event of an injury, this means supporting a healthy recovery. A **"Return to Learn: Academic Accommodation Plan"** must be completed by a licensed medical provider following a concussion to inform the school of specific accommodations that your child will need to promote recovery. The school team (school nurse or certified athletic trainer (ATC), teachers, school counselor, coaches, and the parent and student) will meet to discuss any academic accommodations necessary to promote recovery and how these will be applied in your child's classes. The recommendations of your medical provider will be strictly followed. The school team *may* recommend additional supports including, but are limited to: additional time to complete assignments, abbreviated assignments to promote learning while limiting mental exertion, modification of the way student mastery of information is measured (such as the testing schedule or format of testing), limited exposure to/use of technology, and rest breaks (such as lunch in a room where noise and lights can be adjusted).

The time immediately following a brain injury is crucial to a healthy recovery. As the school is offering academic adjustments to meet your child's educational needs, ***it is the expectation that your child is following the medical provider's recommendations in regards to brain stimulating activities*** which may include: limited or no use of computers, cell phones, video games, television, etc. It is your responsibility to monitor the time spent on homework and the computer. Taking part in extracurricular activities such as athletic practice or games, attending athletic events, dances, etc., will be determined by the individual student's needs and the advice of medical providers.

The school nurse/ATC will follow up with your child and may have him/her complete a Post-Concussion Symptoms Checklist as deemed medically necessary, until released to normal activity.

Please be aware that if your child has not been released to normal activity by the 14th calendar day, there will be a meeting to implement a Transitory Impairment Plan (scheduled by the Section 504 coordinator). This will provide teachers, the student and parents with the necessary information to work toward the student's recovery.

The physical and academic accommodations must be renewed, at minimum, every 21 days by a licensed medical provider. The school team will meet after the medical provider follow-up appointments to review the student's recovery, the updated medical information and discuss any need for adjustments to the accommodations initially provided. These meetings will continue until the student has been released by the medical provider to fully "return to learn/return to play". If your student's concussion symptoms last 5 months, the team will discuss a referral for a Section 504 plan.

My signature below indicates that I have been provided the Parent Information Sheet on Concussions.

Student Name: _____

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature: _____ **Date:** _____



Return to Learn: Academic Accommodation Plan

(To be completed by medical provider)

This form should be brought to the school nurse immediately upon return to school to initiate the health alert process.

Student's name: _____ Date of birth: _____

The above student has been diagnosed with a concussion (also known as a mild traumatic brain injury). Following a concussion individuals need both cognitive and physical rest to allow for the best and quickest recovery. Therefore it is important to limit activities that require a lot of thinking or concentration, as this can make the symptoms worse.

The student is able to return to school (date) _____ with the following recommended supports:

_____ No supports necessary. Student has been released to return to full academic and athletic/physical fitness activities.

To promote cognitive rest:

- _____ Allow for shortened school days. Recommended _____ hours per day until re-evaluated.
(Alternating days of morning/afternoon classes suggested if ≤ 4 hours/day recommended)
- _____ Allow for shortened classes (i.e. rest breaks during class) Maximum class length _____ minutes.
- _____ Allow extra time to complete coursework/assignments.
- _____ No classroom or standardized testing at this time, as this does not reflect the student's true abilities.
- _____ Limited classroom testing allowed. No more than _____ questions and/or _____ total time.
 - _____ Student is able to take quizzes or tests that are written but not bubble sheets.
 - _____ Student is able to take tests but should be allowed extra time to complete.
- _____ Lessen screen time (computer, videos, smartboard) to a maximum of _____ minutes per class AND no more than _____ continuous minutes (with 5-10 minute break in between).
- _____ Print class notes and online assignments (14 Font recommended)
- _____ Lessen homework by _____% per class; or to a maximum of _____ total minutes nightly for all classes, but no more than _____ continuous minutes.

To address sensitivity to noise and light:

- _____ Provide alternative setting during band or music class (outside of band room or music classroom)
- _____ Provide alternative setting during PE and recess to avoid noise exposure and risk of further injury (out of the gym.)
- _____ Allow early class release for class transitions to reduce exposure to hallway noise.
- _____ Provide alternative location to eat lunch outside the cafeteria.
- _____ Allow the use of earplugs when in a noisy environment during the school day.
- _____ Allow student to wear sunglasses or a hat with a bill worn forward to reduce light exposure.

IMPORTANT:

Students participating on school athletic teams must have their medical provider complete the Gfeller-Waller Concussion Clearance Return to Play Form before they can return to practice/play.



Return to Learn: Academic Accommodation Plan (continued)

No student should return to full physical activity (PE, recess, etc.) if ANY symptoms are present

For students in elementary, middle or high school not on athletic/sports teams:

- No PE/Recess/Participation in any classes or events involving physical activity or on sports teams until re-evaluated.
- Patient has completed a return to play progression and is able to participate in PE/Recess/and any other classes or events involving physical activity as long as symptom free.
- Can return to PE class and/or recess after completing a return to play progression under the supervision of the teacher as follows: [Student should be progressed to the next day ONLY if they do not experience symptoms. If symptoms occur, rest one day and return to last day activity with no symptoms. If "re-start" twice, consult healthcare provider. **ONCE THE FOLLOWING FIVE DAY RETURN TO ACTIVITY PLAN IS COMPLETED ALL ACADEMIC AND PHYSICAL RESTRICTIONS AND MODIFICATIONS ARE DISCONTINUED.**

<u>Day</u>	<u>Activity</u>	<u>Comments</u>
1	20-30 minutes of light cardio activity: i.e., walking or stationary bike. Very light activity – not breathing hard. Check with student every 20 minutes during activity. STOP if concussion symptoms occur.	
2	30 minutes cardio: jogging, medium pace and light calisthenics. No contact. Can shoot/dribble basketball if alone. Intensity: breathing heavier, still can talk while exercising. Check with student every 20 minutes. STOP if concussion symptoms occur.	
3	30 minutes cardio: faster pace jogging and moderate calisthenics. Ok for swings. Moderate weightlifting. Intensity: Difficult for conversation. Check with student every 20 minutes. STOP if concussion symptoms occur.	
4	Warm-up, Able to run without restriction. Able to participate in sports, non-contact. Resume regular weightlifting. Check with student every 20 minutes. Stop if concussion symptoms occur.	
5	Able to return to all activities. Check with student every 20 minutes during activity to assure no return of symptoms. If concussion symptoms occur, STOP and report to school nurse/ATC.	

These recommendations are based on today's evaluation. Date: _____
 Student is scheduled to return to this office. (Date approximate number of days/weeks) _____
 Referral has been made to: Sports Medicine _____ Neurology _____ Physiatrist _____ Psychiatrist _____ other _____
Signature of medical provider: _____ **MD DO NP PA-C**
Name of provider (print): _____ **Office phone:** _____

<p>To be completed by parent/guardian: I agree with the above recommendations and would like them to be implemented: Yes _____ No _____ The best number to reach me during the day to discuss my child's plan for school is _____. RELEASE OF INFORMATION: I give permission for the school nurse/school personnel to exchange information regarding my child's care following the concussion with the provider/office listed above. Yes _____ No _____ Signature of parent/guardian: _____ Date: _____</p>
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Form was received and reviewed by school nurse/ATC. (date & sign): _____

Staff alert process was initiated by the School Concussion Contact (date) _____



Concussion Temporary Academic Modification Form

Student Name: _____ Grade: _____ DOB: _____

The above student has been deemed to have signs/symptoms consistent with a concussion. To initiate appropriate cognitive and physical rest, and allow the quickest recovery, the following modifications should be initiated. **Parents/guardians must be notified of this process.**

To Promote Cognitive Recovery:

- Allow extra time to complete homework/assignments.
- No standardized testing. **(Accountability Services must be contacted ASAP)**
- Lessen screen time to 90 minutes maximum per day, and no more than 20 minutes continuous.
- Lessen homework load by 50% per class.
- Other: _____

To Address Symptoms:

- Provide alternative setting during band/music class.
- Provide alternative setting during PE class to avoid noise exposure and to decrease re-injury risk.
- Allow student to use earplugs when in noisy environment, and to wear sunglasses or a hat with a bill worn forward to reduce light exposure.
- Other: _____

If student has increasing or worsening symptoms during class (i.e. headache, nausea, dizziness or difficulty concentrating) they should be escorted to the nurse's office or main office for further evaluation.

School Nurse/Athletic Trainer Signature: _____ Date: _____

****These restrictions will expire 5 school days after the above date, unless otherwise changed by a medical provider.****

The school nurse/ATC/Concussion Contact must forward this information to all of the student's teachers and school administration as soon as possible on the date indicated next to his/her signature.

Parent notified by: _____ Date: _____ Time: _____