

# Return-to-Learn; Concussion Monitoring



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# What is a concussion?

- ▶ Type of mild Traumatic Brain Injury caused by:
  - ▶ A bump, blow, or jolt to the head -or-
  - ▶ A hit to the body that causes the head and brain to move rapidly back and forth
- ▶ This sudden movement can cause the brain to move around within the brain, stretching and damaging brain cells and causing chemical changes within the brain.
- ▶ [http://www.cdc.gov/headsup/basics/concussion\\_what.html](http://www.cdc.gov/headsup/basics/concussion_what.html)

# Seriousness & Prevalence

- ▶ Concussions are considered “mild” brain injuries because they are generally “not life threatening.”
- ▶ Effects can be serious.
- ▶ More than 3 million known cases reported in US each year.
- ▶ Most common type of mild brain injury.
- ▶ Can lead to other cognitive impairments.

# Symptoms & Relevance

- ▶ Physical:
  - ▶ Headaches, balance, fatigue, dizziness, difficulty sleeping, numbness/tingling
- ▶ Sensory:
  - ▶ Blurred vision, sensitivity to lights or sounds
- ▶ Emotional:
  - ▶ Sad, angry, worried, irritable, nervousness
- ▶ Cognitive:
  - ▶ Mentally “foggy,” difficulty with memory and focus
- ▶ Most symptoms resolve within a few weeks, but may worsen before getting better.
- ▶ Longer recovery may be necessary after repeated concussions.

# Gfeller-Waller Concussion Awareness Act

- ▶ Passed in 2011 by North Carolina General Assembly
- ▶ Concussion management for injuries sustained during participation in public school sports
- ▶ Clear guidelines for managing concussion injuries with middle and high school athletes
- ▶ Does not address:
  - ▶ Non-sports related injuries, injuries outside the school setting, injuries to younger children, or the needs of students as they return to learning environment

# Return to Learn – HRS-E-001

- ▶ Public schools must:
  - ▶ Develop a plan which includes 4 main requirements
  - ▶ Identify a team responsible for identifying and monitoring students who obtain a concussion
  - ▶ Provide relevant staff development on concussion and district/school procedures
  - ▶ Include a system of surveillance (questions about head injury) collected annually

# Develop a Plan

- ▶ Addressing needs
  - ▶ 1. Guidelines for removal
    - ▶ Removal of a student from physical and mental activity when there is a suspicion of concussion
  - ▶ 2. Notification procedure
    - ▶ Notification to educational staff for removal of learn or play
    - ▶ Information brought by parent or student informing staff, paperwork from MD
    - ▶ Upon notification, administration alerts nurse/case manager. Nurse then alerts parents, teachers, psychologist, and if necessary, coaches and athletic trainers
    - ▶ Nurse will inform parties, identify symptoms to look for, ask teachers for accommodations, include recommendations from MD

# Develop a Plan

- ▶ 3. Medical care plan / school accommodations
  - ▶ The plan must include medical care plan/school accommodations specific to student's MD recommendations and symptoms
  - ▶ If no MD recommendations, the nurse will consult with student and parent to develop care plan based on student's symptoms
  - ▶ If student is still having symptoms, more supports may be implemented:
    - ▶ Medical plan of care – address medical symptoms
    - ▶ Educational plan of care – address academic or functional difficulties
      - ▶ Symptoms, Accommodations, Who is responsible for implementation
- ▶ 4. Delineation of return to learn or play requirements
  - ▶ Safe return-to-learn requirements



# Identify Team

- ▶ Each school must appoint a team responsible for identifying the return-to-learn needs of a student
- ▶ Team may include
  - ▶ Student, parent, principal, school nurse, counselor, school psychologist, or other appropriate professional
- ▶ Concussion Contact – Administration, if Nurse is off campus
  - ▶ Receive notification of concussion, send notification to team
- ▶ Nurse / Case Manager
  - ▶ Contact / Follow up with parent, provide educational materials, complete nursing assessments, provide CDC information, coordinate and develop Medical and Educational Plan of Care, ensure student's needs are addressed

# Identify Team

- ▶ Teachers
  - ▶ Implement adjustments, participate in development of Educational plan of care, implement mods/accommodations
- ▶ School Psychologist
  - ▶ Participate in development of Educational plan of care
- ▶ Parents
  - ▶ Provide medical documentation to Nurse/Case Manager, participate in development of Medical/Educational plan of care, provide updates from MD, update case manager on changes in mood, behavior, or school performance as noted
- ▶ Student (if appropriate)

# Identify Team

- ▶ Coaches, Athletic Trainers
  - ▶ Follow concussion notification process and return to play protocols
  - ▶ Participate in Medical and Educational plans of care, as needed
- ▶ 504 Coordinator / Counselor
  - ▶ Should only be alerted if plans of care are deemed to be long term.
- ▶ If injury occurs close to time of testing, contact Testing Coordinator at County Office for exemption

# Provide Annual Staff Education

- ▶ Each LEA must provide information and staff development on an annual basis
- ▶ Training should include information on concussions and other brain injuries, with a focus on return-to-learn issues and concerns

# Collect Concussion Info Annually

- ▶ Each LEA will include a question related to any head injury/concussion the student may have incurred in the past year in their annual student health history and emergency medical information update

# Resources

- ▶ State Board of Education Policy HRS-E-001 Return to Learn After Concussion
  - ▶ <http://www.nchealthyschools.org/docs/legislation/stateboard/concussion-policy.pdf>
- ▶ Return to Learn After Concussion – Guidelines for Implementation
  - ▶ <http://www.nchealthyschools.org/docs/legislation/stateboard/implementation-guide.pdf>
- ▶ Centers for Disease Control and Prevention – What is a Concussion?
  - ▶ [http://www.cdc.gov/headsup/basics/concussion\\_what.html](http://www.cdc.gov/headsup/basics/concussion_what.html)