Return-to-Learn; Concussion Monitoring
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_whatis.html](http://www.cdc.gov/headsup/basics/concussion_whatis.html)
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
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
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

- Return to Learn After Concussion – Guidelines for Implementation

- Centers for Disease Control and Prevention – What is a Concussion?
  - [http://www.cdc.gov/headsup/basics/concussion_whatis.html](http://www.cdc.gov/headsup/basics/concussion_whatis.html)