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
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

- 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)