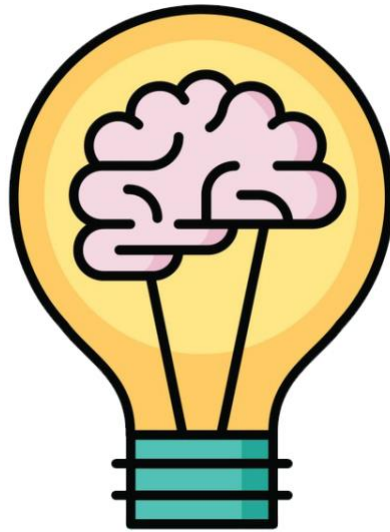


RETURN TO LEARN



BRIDGING THE GAP

From Concussion to the Classroom

2nd Edition, November 2018



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Introduction

On April 8, 2011, the Nebraska Legislature passed the Concussion Awareness Act on a vote of 43-0. The Concussion Awareness Act became effective in Nebraska on July 1, 2012. The goal of the Act is to provide a consistent means to identify and manage concussions and help ensure the safety of those involved in youth sports.

The Concussion Awareness Act contains three tenets of model legislation:

1. Education: coaches, parents and student athletes
2. Removal from play if a concussion is reasonably suspected
3. Clearance by a licensed health care professional.

The Concussion Awareness Act was amended by the Nebraska Legislature in 2014 and requires schools to have a Return to Learn protocol in place for students who have sustained a concussion and returned to school.

Return to Learn: Bridging the Gap from Concussion to Classroom was first developed in 2014 to provide guidance to assist Nebraska School Districts in developing a concussion management protocol. In continuing these efforts, the 2nd edition (2018) of this document not only seeks to update existing information but to also provide new recommendations for best practices to ensure that school personnel have the resources necessary to facilitate the return of a student to the classroom and the field of play following an injury. Concussions are an injury that can impact any student. Regardless of the cause of the injury, or the age of the student- a systematic, coordinated and collaborative process is essential to ensuring a successful return to activity following an injury.



Definitions

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. (Center for Disease Control and Prevention 2017)

This sudden movement can cause the brain to bounce around in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.



Facts

- About 75% of TBIs that occur each year are concussions or other forms of mild TBI. (Center for Disease Control and Prevention 2017)
- Concussions occur from sports, falls, playground and bicycle accidents, and PE class, as well as motor vehicle accidents. All concussions are serious!
- Most concussions occur without loss of consciousness!
- Children and teens with a concussion should never return to sports or recreation activities on the same day the injury occurred. When in doubt, sit them out!
- Repeated mild TBIs occurring over an extended period of time can result in cumulative neurological and cognitive deficits. Those who have had a concussion in the past are at risk of having another one. Some people may find it takes longer to recover if they have another concussion. If repeated concussions occur within hours, days or weeks of the first injury, the results can be catastrophic or fatal. (Center for Disease Control and Prevention 2017)
- After a concussion, the child or adolescent may not appear to be ill or physically injured. In fact, they may “look” just fine. A concussion is an “invisible injury.”
- Nonetheless, a concussion can have direct effects on learning and evidence suggests that using a concussed brain to learn may worsen concussion symptoms and may prolong recovery. (Halstead, McAvoy, et al 2013)

Why are concussions such a big deal?

A CONCUSSION IS A BRAIN INJURY!

Health care professionals may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, their effects can be serious. (Centers for Disease Control and Prevention 2017)

After a concussion, connections within the brain become stressed, resulting in the disruption of some connections between different brain areas. This can limit the ability of the brain to process information efficiently and quickly.



These changes can lead to a set of symptoms affecting the student’s cognitive, physical, emotional, and sleep functions, which may result in reduced ability to do tasks at home, at school, or work. Thus, concussions can have an impact on the student’s ability to learn in the classroom.

The signs and symptoms of a concussion may not be immediately evident or present and can appear over a period of time (hours or even days).

During the time that students remain symptomatic, initiating a return to full time academics before symptoms have cleared may result in prolonged recovery time. Initiating return to play or physical activities before symptoms have resolved may result in prolonged recovery time and may place the student at risk for repeat, potentially catastrophic, injury. Ignoring the symptoms and trying to “tough it out” often makes symptoms worse! A gradual return to both cognitive/mental and physical activities is recommended.

As the chemistry of the brain returns to normal, the symptoms begin to subside and for most people resolve within one to four weeks.

Zemek, et al, 2016 indicate that 70% (+/-) of students recover from concussions within four weeks.

During the recovery period, symptoms should be monitored and students participating in athletics should follow the guidelines established by the school to ensure compliance with Nebraska’s Concussion Awareness Act. The act requires several steps prior to returning to play including clearance by a licensed health care provider.

Management of a concussion is best accomplished through communication and collaboration among parents, the school, and the health care provider.

Concussion Symptoms

Symptoms of TBI/Concussion affecting school performance fall into four categories.

Watch for these signs and symptoms

1. Thinking/Cognitive/Remembering

Look for increased difficulty with:

- ✓ Thinking clearly
- ✓ Concentrating, staying on task
- ✓ Remembering new information
- ✓ Slowed response or processing of information
- ✓ Feeling slowed down, sluggish, hazy, foggy or groggy
- ✓ Reduced academic performance

2. Sleep

Sleep symptoms tend to last longer than other symptoms. Look for increased:

- ✓ Drowsiness
- ✓ Sleeps more than usual
- ✓ Sleeps less than usual
- ✓ Difficulty falling asleep
- ✓ Difficulty staying asleep
- ✓ Fatigue – tired, having no energy

3. Physical

Look for increased:

- ✓ Headaches or “pressure” in the head
- ✓ Vision problems (fuzzy, blurred or double vision)
- ✓ Balance problems
- ✓ Dizziness
- ✓ Nausea or vomiting
- ✓ Sensitivity to light
- ✓ Sensitivity to noise
- ✓ Numbness or tingling
- ✓ Does not “feel right”

4. Social/Emotional

Look for increased:

- ✓ Irritability
- ✓ Sadness
- ✓ More emotional than usual
- ✓ Changes in mood
- ✓ Nervousness
- ✓ Anxiety
- ✓ Depression

School professionals may observe the following symptoms at time of injury:

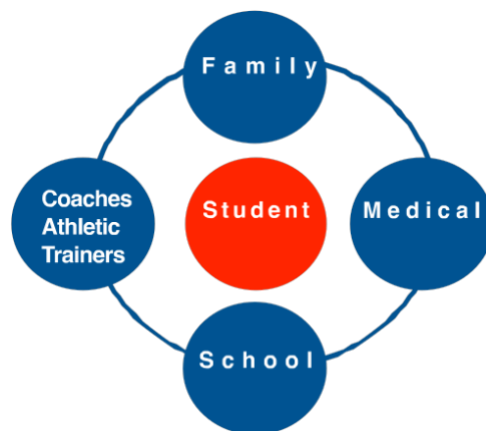
- Appears dazed or stunned
- Confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to or after the hit, bump, or fall
- Shows behavior or personality changes
- Forgets class schedule or assignments



Concussion Management

- Once a concussion has been diagnosed by a healthcare professional, managing the concussion is best accomplished by creating a support system for the student/athlete.
- Active, ongoing communication and collaboration among parents, school personnel, coaches, athletic trainers, and health care providers in overseeing both the return to learn and return to play progressions is essential for the recovery process.
- Teamwork is required to adjust the treatment and management of the concussion.
- Best practice indicates that the student should return to school with a **RELEASE OF INFORMATION SIGNED BY THE PARENTS** that allows for two-way communication between school personnel and the healthcare provider. (McAvoy, 2012)
- The health care provider identifies the symptom manifestations of the injury and communicates that information to the school. In the Return to Learn progression, the school translates the injury information into adjustments, accommodations and supports for the identified symptoms and health issues in order to optimize learning for the student. As the student progresses, the school may find it necessary to institute new - or modify existing - accommodations (a prescription is not needed by the school to do so) to meet the student's needs.

A collaborative approach with the
student as the CENTER OF FOCUS!



REAP: A Model for Building a Collaborative Approach

REAP (Remove/Reduce, Educate, Adjust/Accommodate, Pace) is a community-based model for developing concussion management. Because it is important for each member of the multi-disciplinary concussion management team to know and understand their part and the part of other members, this manual was written for the family team, school team/physical team, school team/academic team, and medical team.

Download the REAP manual (no cost): <http://biane.org/concussion/reap-manual.html>



Recommended School Best Practice

The Nebraska Concussion Awareness Act (Amended 2014) provides that for Return to Learn the **school is required** to:

Establish a return to learn protocol for students that have sustained a concussion. The return to learn protocol shall recognize that students who have sustained a concussion and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered.

A student is identified as having a concussion. How can the school support the student?

- Nebraska law requires each school to create a return to learn protocol to be followed when a student sustains a concussion (sample return to learn protocol are available in the appendix);
- Ensure that school staff are knowledgeable about concussion as a mild traumatic brain injury;
- Ensure that training is provided for all coaches, athletes, parents, and school staff about concussions and concussion management;
- Establish one or more Concussion Management Teams (CMT);
- Ensure that the school utilizes the infrastructure already in place. The school may add one or two individuals knowledgeable about brain injury to the Student Assistance Team (SAT) to monitor symptoms and academic progress for students with concussions

Concussion Management Team (CMT) Membership

Membership will vary based upon the local school structure and needs.

Members may include:

*Health Care Professional

*Parent(s)

*School Administrator (Superintendent, Principal, Assistant Principal)

*Teachers (Gen Ed/Special Ed)

*Student /Student Athlete

Athletic Director

Athletic Trainer

Speech Language Pathologist

School Psychologist

School Counselor

Occupational Therapist

Physical Therapist

Coach

School Nurse

*Essential Members

Concussion Management Team (CMT) Responsibilities

- ✓ Management of a concussion is best accomplished through communication and collaboration among parents, the school and the health care provider
- ✓ The school administrator appoints a CMT Contact Person and ensures school personnel are available to monitor symptoms and academic progress during the recovery process
- ✓ Just as every concussion is different, the resources and personnel that are available at each school are unique and one or several individuals can fulfill the above roles
- ✓ The CMT develops the Return to Activity plan with the student and the parents
- ✓ Return to Learn - a gradual return to school and academic requirements implemented by school personnel in collaboration with the student, the parents and the health care provider.
- ✓ Return to Play - a gradual return to sports implemented by school personnel (including the coaching and athletic training staff) in collaboration with the student, the parents and the health care provider.



- School notified of concussion. CMT contact person notifies the CMT members and the concussed student's teachers when a student referral is received.
- Evaluation and symptom report from the health care provider are shared with CMT lead contact.
- Designated CMT members (include school nurse if available and not already part of the team) meet with student and parents upon return to school and assess the student's symptoms.
- Symptoms shared with CMT and student's teachers; school nurse monitors nurse office visits, symptoms, medications during recovery
- Design an intervention plan (adjustments/accommodations are made to classwork based on symptoms identified by health care professional or reported by the student throughout his or her recovery.)
- Monitor symptoms 2 – 3 times weekly using Post-Concussion Symptom Checklist (available in the appendix)
- Review student's academic progress daily with student's teachers utilizing the Academic Monitoring Tool; make any needed adjustments to classwork; are there academic behavioral concerns that the team should address?
- Parents monitor and track symptoms at home and communicate regularly with the school Concussion Management Team (CMT).
- As symptoms subside, adjust and readjust expectations and academic adjustments/accommodations
- CMT, academic team and parents agree student is symptom free. If no symptoms or academic monitoring is needed, student returns to full academics with no accommodations.
- **Medical clearance is not needed for the student to return to academics full time without supports.**
- Document the concussion in the student's educational record

If symptoms have not resolved in three to four weeks, discuss with parent; student may need to return to the health care provider for further evaluation and recommendations. School and medical personnel are encouraged to maintain communications and work collaboratively during a student's recovery period.

- Student is excused from PE, sports, "contact" activities at recess during recovery
- A Health Care Plan may be developed for the student and monitored by the school nurse or athletic trainer with regard to returning to PE and playground activities
- When symptoms continue beyond three to four weeks, prolonged in school support is required
- Student supports may be coordinated and provided through an MTSS/RtI Plan, a Health Plan or a 504 Plan. A small percentage of students may require a referral for special education
- Contact the regional BIRSST members for consultation on strategies and accommodations for concussed students in the classroom

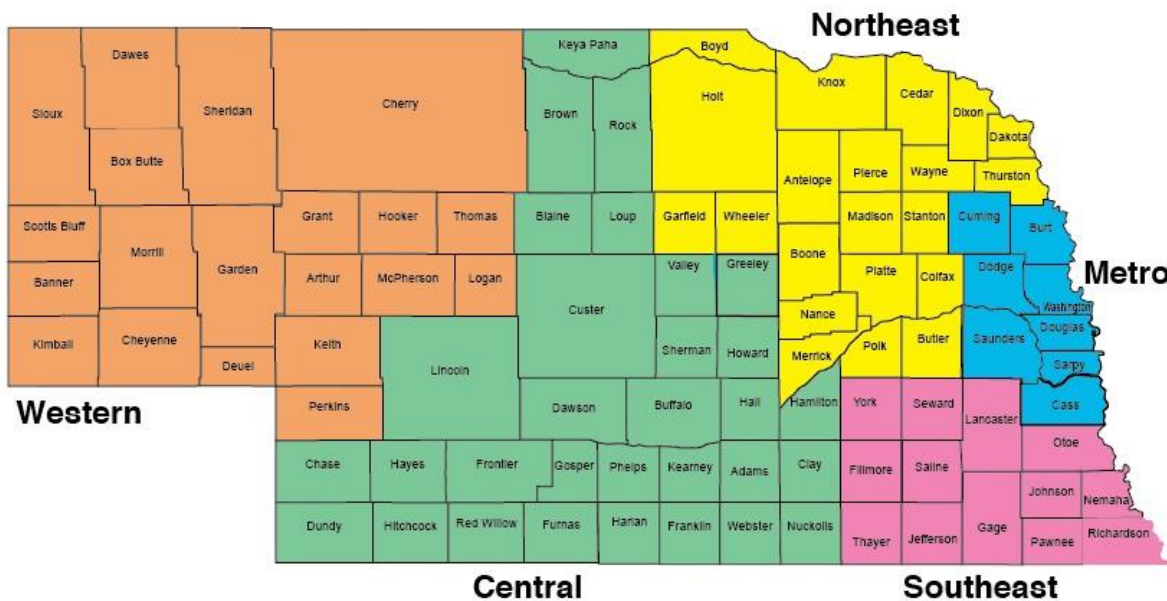
Brain Injury School Support Teams (BIRSST)

BIRSST teams can assist school districts by:

- Providing information on concussions and brain injury to parents, students and school staff
- Providing training and consultation for Concussion Management Teams
- Identifying strategies to support student success
- Consulting on assessment and programming for students with moderate to severe brain injury

For more information and regional contact:

<https://www.education.ne.gov/sped/birsst-brain-injury-regional-school-support-teams/>



Rest and Exercise for the Concussed Student

Rest has been widely recommended during recovery from concussion. The basis for recommending physical and cognitive rest for managing a concussion is that rest may ease discomfort during the acute recovery period by alleviating post-concussion symptoms and/or that rest may promote recovery by minimizing energy demands on the brain following concussions.

Currently, there is insufficient evidence that prescribing complete rest achieves these objectives. Recent research found no benefit to “Strict rest” beyond two days (Thomas, et al 2015; Silverberg & Iverson (2013).

Thus, after a brief period of rest (24 - 48 hours), students are encouraged to become gradually and progressively more active as long as physical and cognitive activity does not bring on or cause symptoms to worsen. (Consensus Statement on concussion in sport – Berlin, October 2016.)

Early research on monitored exercise programs suggests that best outcomes occur with a gradual reintroduction of physical, cognitive and social activity of moderate intensity throughout recovery, but with no contact activities. Riding a stationary bicycle or walking on the track may be a starting point and the level of exertion is increased as tolerated with no increase of symptoms. The amount of rest and exercise is individualized for each student based on the symptoms displayed.



Graduated Return to Learn

Consensus Statement on Concussion in Sport – the 5th International Conference on Concussion in Sport held in Berlin, Updated April 2017

Aim	Activity	Goal of each Step
1. Daily activities at home do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms, (e.g., reading, texting, screen time.) Start with 5 – 15 mins at a time and gradually build up	Gradual return to typical activities
2. School activities	Homework, reading or other cognitive activities outside of the classroom	Increased tolerance to cognitive work
3. Return to school part time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during day	Increase academic activities
4. Return to school full time	Gradually progress school activities until a full day can be tolerated	Return to full academic activities and catch up on missed work

Every student and every concussion are different! No two concussions are the same!

The amount of time needed between the injury and the commencement and completion of Return to Learn activities will vary between students and should be guided by symptom status.

The Return to Learn progression should be allowed to progress over time and as symptoms subside.

Graduated Return to Play

Consensus Statement on Concussion in Sport – the 5th International Conference on Concussion in Sport held in Berlin, Updated April 2017

Stage	Aim	Activity	Goal of each step
1	Symptom-limited Activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light Aerobic Exercise	Walking or stationary cycling at slow to medium pace; No resistance training	Increase heart rate
3	Sport-specific Exercise	Running or skating drills; No head impact activities	Add movement
4	Non-contact Training Drills	Harder training drills, e.g., passing drills; May start progressive resistance training	Exercise, coordination and increased thinking
5	Full Contact Practice	Following medical clearance, participate in normal training activities (NE Concussion Awareness Act 2012)	Restore confidence and assess functional skills by coaching staff
6	Return to Sport	Normal game play	Normal game play

- An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning the Return to Sport progression.
- There should be at least 24 hours (or longer) for each step of the progression.
- If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest).
- If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a health care professional with expertise in the management of concussion.

TIPS FOR EDUCATORS

Concussion Symptoms, Possible School Problems , Adjustments/Accommodation

Concussion Symptoms ➤ Physical	Implications at school	Personal adjustments in school setting
Headache (most common symptom reported in concussion)	<ul style="list-style-type: none"> ○ Poor concentration, may vary throughout the day ○ Can be triggered by fluorescent lighting, loud noises and focusing on tasks 	<ul style="list-style-type: none"> ○ Frequent breaks ○ Reduced exposure to aggravators (i.e. turn off florescent lights) ○ Rest as needed in nurse's office or quiet area
Dizziness/Lightheadedness	<ul style="list-style-type: none"> ○ Standing quickly or walking in a crowded environment may present a challenge ○ Often provoked by visual stimulus (rapid movements, videos, etc. 	<ul style="list-style-type: none"> ○ Allow student to put head down if symptoms worsen ○ Early dismissal from class and extra time to get to class to avoid crowded hallways
Vision <ul style="list-style-type: none"> ○ Light sensitivity ○ Double vision ○ Blurry vision 	<ul style="list-style-type: none"> ○ Trouble seeing slide presentations, movies, small boards, computers, tablets ○ Difficulty reading and copying ○ Difficulty paying attention to visual tasks 	<ul style="list-style-type: none"> ○ Reduce brightness on screens ○ Student may wear hat or sunglasses in school ○ Audiobooks ○ Seat student close to the center of classroom activities (preferential seating if blurry vision) ○ Turn off florescent lights ○ Cover one eye with patch/tape on one lens if glasses are worn (double vision)
Noise Sensitivity	<ul style="list-style-type: none"> ○ Trouble with various noises in several school settings (lunchroom, classes: shop, music-band, choir, physical education), hallways, and organized sports practice 	<ul style="list-style-type: none"> ○ Allow student to eat lunch in quiet area with classmate ○ Limit or avoid band, choir or shop classes ○ Avoid noisy gyms and organized sports practices and games ○ Consider use of earplugs ○ Early dismissal from class to avoid crowded noisy hallways

Concussion Symptoms ➤ Thinking/Cognitive	Implications at school	Personal adjustments in school setting
Difficulty concentrating or remembering	<ul style="list-style-type: none"> ○ Challenges learning new tasks and comprehending new material (slowed processing speech) ○ Difficulty recalling and applying previously learned material ○ Lack of focus in the classroom ○ Difficulties with test taking, including standardized tests 	<ul style="list-style-type: none"> ○ Avoid testing or completion of major projects during recovery time when possible ○ Provide extra time to complete non-standardized tests in a quiet environment ○ Postpone standardized testing when possible ○ Consider one test per day during exam periods ○ Assess knowledge using multiple-choice instead of open-ended questions ○ Consider use of preprinted notes, note taker, scribe or reader for oral testing ○ Consider tape recorder for note taking ○ Reduce the cognitive load and focus on the most important concepts for students to know-quality vs. quantity ○ Consider decreasing homework and make-up work ○ Provide oral and written instructions; clarify instructions

Concussion Symptoms ➤ Sleep Issues	Implications at school	Personal adjustments in school setting
	<ul style="list-style-type: none"> ○ Excessive fatigue can hamper memory for new or past learning or ability to attend and focus ○ Insufficient sleep can lead to tardiness or excessive absences ○ Difficulty getting to sleep or frequent waking at night may lead to sleeping in class ○ Excessive napping due to fatigue may lead to further disruptions of the sleep cycle 	<ul style="list-style-type: none"> ○ Allow for late start or shortened school day to catch up on sleep ○ Allow rest breaks during the day if needed

Concussion Symptoms ➤ Emotional/Mood Symptoms	Implications at school	Personal adjustments in school setting
	<ul style="list-style-type: none"> ○ Sadness, irritability, changes in mood, nervousness, anxiety may affect social relationships with adults and peers ○ Student may feel scared, angry or depressed as a result of the concussion 	<ul style="list-style-type: none"> ○ Develop an emotional support plan for the student. This may include an adult with whom the student can talk if feeling overwhelmed ○ Mental fatigue may result in emotional meltdowns ○ Allow “signal” for student to remove himself/herself from classroom to de-escalate ○ Provide reassurance that what they are feeling is typical in the course of recovery—i.e. concern about getting behind in school work and/or grades ○ Share difficulties and progress with personnel, athletic coaches/trainers as appropriate

Sources: Halstead, M., McAvoy, K., et al. Returning to Learning Following a Concussion.

Pediatrics: originally published online October 27, 2013.

<http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867>

Oregon Concussion Awareness and Management Program (OCAMP)

<https://cbirt.org/>

Tips for Parents

- ❖ Parents play a key role in maximizing the child's recovery from a concussion.
- ❖ Parents contact the child's healthcare provider immediately after the concussion.
- ❖ After the diagnosis of a concussion by the health care professional, parents monitor symptoms and activities at home. Rest and restriction of activities is individualized for each student based on the symptoms displayed.
- ❖ Parents enforce rest, both physical and cognitive, and ensure that the child receives sufficient sleep and engages in activities that do not cause jerking of the head immediately after a concussion.
- ❖ The student may have symptoms that interfere with concentration and may need to stay home from school to rest for a day or two.



Parents are urged to work with school personnel and health care providers in modifying the amount of time spent participating in watching TV, playing video games, working/playing on the computer, texting, use of cell phone, blowing on a musical instrument or piano lessons

- ❖ Light mental activities can resume as long as symptoms do not worsen. When the student can tolerate 30-45 minutes of light mental activity, a gradual return to school/academics can commence.
- ❖ Parents monitor and track symptoms at home and communicate regularly with the school Concussion Management Team (CMT).
- ❖ Parents sign Permission for two-way Release Information between the medical provider and the school district so information about the child's symptoms and academic progress can be shared.



» Symptom Checklist

Name: _____ Assessment Date: _____

Date of Injury: _____ Time of Injury: _____ 2-3 Hrs 24 Hrs 48 Hrs 72 Hrs Daily Weekly

Pathways of Concern	Symptoms	Severity Rating						
		Mild	Mild	Moderate	Moderate	Severe		
A	I feel like I'm going to faint	0	1	2	3	4	5	6
	I'm having trouble balancing	0	1	2	3	4	5	6
	I feel dizzy	0	1	2	3	4	5	6
	It feels like the room is spinning	0	1	2	3	4	5	6
O	Things look blurry	0	1	2	3	4	5	6
	I see double	0	1	2	3	4	5	6
H	I have headaches	0	1	2	3	4	5	6
	I feel sick to my stomach (nauseated)	0	1	2	3	4	5	6
	Noise/sound bothers me	0	1	2	3	4	5	6
	The light bothers my eyes	0	1	2	3	4	5	6
C	I have pressure in my head	0	1	2	3	4	5	6
	I feel numbness and tingling	0	1	2	3	4	5	6
	I have neck pain	0	1	2	3	4	5	6
N	I have trouble falling asleep	0	1	2	3	4	5	6
	I feel like I am not getting enough sleep	0	1	2	3	4	5	6
S/E	I have low energy (fatigue)	0	1	2	3	4	5	6
	I feel tired a lot (drowsiness)	0	1	2	3	4	5	6
Cog	I have trouble paying attention	0	1	2	3	4	5	6
	I am easily distracted	0	1	2	3	4	5	6
	I have trouble concentrating	0	1	2	3	4	5	6
	I have trouble remembering things	0	1	2	3	4	5	6
	I have trouble following directions	0	1	2	3	4	5	6
	I feel like my thinking is "foggy"	0	1	2	3	4	5	6
	I feel like I am moving at a slower speed	0	1	2	3	4	5	6
	I don't feel "right"	0	1	2	3	4	5	6
	I feel confused	0	1	2	3	4	5	6
	I have trouble learning new things	0	1	2	3	4	5	6
E	I feel more emotional	0	1	2	3	4	5	6
	I feel sad	0	1	2	3	4	5	6
	I feel nervous	0	1	2	3	4	5	6
	I feel irritable or grouchy	0	1	2	3	4	5	6
Other: _____								

Pathways of concern: A=Autonomic, V=Vestibular, O=Oculomotor, H=Headache (Migraine & Non-Migraine), C=Cervicogenic, N=Neck Strain, S/E=Sleep/Energy, Cog=Cognitive, E=Emotional
 Regular symptom: progress monitoring is recommended as best practice.

Used with permission from REAP

Resources

- Brain Injury 101: Concussion Management
<http://brain101.orcasinc.com>
- Brain Injury Alliance of Nebraska
www.biane.org
- Brainline
www.brainline.org
- Center on Brain Injury Research and Training
www.cbirt.org/
- Centers for Disease Control and Prevention
cdc.gov/headsup/index.html
- Maerlender, A., Lichtenstein, J., Parent-Nichols, J (2018). Concussion Competencies: A framework for school-based concussion management. Concussion Competencies Inc: N. Sutton, NH
- Nebraska Brain Injury Advisory Council
www.braininjury.nebraska.gov
- Nebraska Department of Health and Human Services
www.dhhs.ne.gov/publichealth/concussion/Pages/Home.aspx
- Nebraska Department of Education
www.education.ne.gov/sped/birsst/
- Nebraska State Athletic Trainers' Association
www.nsata.org
- REAP Manual
<http://biane.org/concussion/reap-manual.html>
- The BrainSTEPS Program – Pennsylvania
www.brainsteps.net

APPENDICES

- Nebraska Concussion Awareness Act
- Information from Teachers for CMT
- Sample Policies
 - Lexington Board of Education Policies
 - Lincoln Public Schools
 - Millard Public Schools - Return to Learn Form
 - Wahoo Public Schools - Head Injury and Concussion Protocol

Nebraska Concussion Awareness Act – Quick Facts (Amended 2014)

Concussion Awareness Act applies to:

1. Approved or accredited public, private, denominational or parochial schools (does not include higher education/college and university) Section 4
2. Athletes 19 years of age or younger that participate in organized sports (“any city, village, business or nonprofit that organizes sports, charges a fee or is sponsored by a business or nonprofit organization.”) Section 5

Education must be provided on an annual basis and prior to the start of practice or competition:

1. Coaches: Training approved by the Chief Medical officer must be made available to all coaches.
2. Parents and student athletes: Concussion and brain injury information

Removal from Play

Any student athlete or athlete shall be removed from play when they are reasonably suspected of having a concussion by a coach or licensed health care professional. If an athlete is removed from activity due to reasonable suspicion of suffering a concussion: Parents or Guardians must be notified of the date and approximate time of the injury and the signs and symptoms that were observed, as well as any actions taken to treat.

Return to Play

A student-athlete or athlete may be allowed to return to play when:

- They have been evaluated by a licensed health care professional
- They have received written clearance from the licensed health care professional;
- They have submitted the written and signed clearance to resume participation in athletic activities accompanied by written permission to resume participation from the student’s parent or guardian

Return to Learn

Establish a return to learn protocol for students that have sustained a concussion. The return to learn protocol shall recognize that students who have sustained a concussion and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered.

For more information

Nebraska Department of Health and Human Services

<http://dhhs.ne.gov/Pages/Concussion.aspx>

Nebraska Department of Education

<https://www.education.ne.gov/sped/birsst-brain-injury-regional-school-support-teams/>

Nebraska Concussion Awareness Act

Sections 71-9101 to 71-9106 shall be known and may be cited as the Concussion Awareness Act.

71-9102. Legislative findings

- 1) The Legislature finds that concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities and that the risk of catastrophic injury or death is significant when a concussion or brain injury is not properly evaluated and managed.
- 2) The Legislature further finds that concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occur without loss of consciousness.
- 3) The Legislature further finds that continuing to play with a concussion or symptoms of brain injury leaves a young athlete especially vulnerable to greater injury and even death. The Legislature recognizes that, despite having generally recognized return-to-play standards for concussion and brain injury, some young athletes are prematurely returned to play, resulting in actual or potential physical injury or death.

71-9103. Terms, defined

For purposes of the Concussion Awareness Act:

- 1) Chief medical officer means the chief medical officer as designated in section 81-3115; and
- 2) Licensed health care professional means a physician or licensed practitioner under the direct supervision of a physician, a certified athletic trainer, a neuropsychologist, or some other qualified individual who (a) is registered, licensed, certified, or otherwise statutorily recognized by the State of Nebraska to provide health care services and (b) is trained in the evaluation and management of traumatic brain injuries among a pediatric population.

71-9104 (1) Each approved or accredited public, private, denominational, or parochial school shall:

- a) Make available training approved by the chief medical officer on how to recognize the symptoms of a concussion or brain injury and how to seek proper medical treatment for a concussion or brain injury to all coaches of school athletic teams; and

- b) Require that concussion and brain injury information be provided on an annual basis to students and the students' parents or guardians prior to such students initiating practice or competition. The information provided to students and the students' parents or guardians shall include, but need not be limited to
 - (i) The signs and symptoms of a concussion;
 - (ii) The risks posed by sustaining a concussion; and
 - (iii) The actions a student should take in response to sustaining a concussion, including the notification of his or her coaches, and

(c) Establish a return to learn protocol for students that have sustained a concussion. The return to learn protocol shall recognize that students who have sustained a concussion and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered.

(2)(a) A student who participates on a school athletic team shall be removed from a practice or game when he or she is reasonably suspected of having sustained a concussion or brain injury in such practice or game after observation by a coach or a licensed health care professional who is professionally affiliated with or contracted by the school. Such student shall not be permitted to participate in any school supervised team athletic activities involving physical exertion, including, but not limited to, practices or games, until the student (i) has been evaluated by a licensed health care professional, (ii) has received written and signed clearance to resume participation in athletic activities from the licensed health care professional, and (iii) has submitted the written and signed clearance to resume participation in athletic activities to the school accompanied by written permission to resume participation from the student's parent or guardian.

(b) If a student is reasonably suspected after observation of having sustained a concussion or brain injury and is removed from an athletic activity under subdivision (2)(a) of this section, the parent or guardian of the student shall be notified by the school of the date and approximate time of the injury suffered by the student, the signs & symptoms of a concussion or brain injury that were observed & any actions taken to treat the student.

(c) Nothing in this subsection shall be construed to require any school to provide for the presence of a licensed health care professional at any practice or game.

(d) The signature of an individual who represents that he or she is a licensed health care professional on a written clearance to resume participation that is provided to a school shall be deemed to be conclusive and reliable evidence that the individual who signed the clearance is a licensed health care professional. The school shall not be required to determine or verify the individual's qualifications.

71-9105. City, village, business, or nonprofit organization; duties; participant in athletic activity; actions required; notice to parent or guardian; effect of signature of licensed health care professional.

(1) Any city, village, business, or nonprofit organization that organizes an athletic activity in which the athletes are nineteen years of age or younger and are required to pay a fee to participate in the athletic activity or whose cost to participate in the athletic activity is sponsored by a business or nonprofit organization shall

(a) Make available training approved by the chief medical officer on how to recognize the symptoms of a concussion or brain injury and how to seek proper medical treatment for a concussion or brain injury to all coaches; and

(b) Provide information on concussions and brain injuries to all coaches and athletes and to a parent or guardian of each athlete that shall include, but need not be limited to:

- (i) The signs and symptoms of a concussion;
- (ii) The risks posed by sustaining a concussion; and
- (iii) The actions an athlete should take in response to sustaining a concussion, including the notification of his or her coaches.

(2)(a) An athlete who participates in an athletic activity under subsection (1) of this section shall be removed from a practice or game when he or she is reasonably suspected of having sustained a concussion or brain injury in such practice or game after observation by a coach or a licensed health care professional. Such athlete shall not be permitted to participate in any supervised athletic activities involving physical exertion, including, but not limited to, practices or games, until the athlete (i) has been evaluated by a licensed health care professional, (ii) has received written and signed clearance to resume participation in athletic activities from the licensed health care professional, and (iii) has submitted the written and signed clearance to resume participation in athletic activities to the city, village, business, or nonprofit organization that organized the athletic activity accompanied by written permission to resume participation from the athlete's parent or guardian.

(b) If an athlete is reasonably suspected after observation of having sustained a concussion or brain injury and is removed from an athletic activity under subdivision (2)(a) of this section, the parent or guardian of the athlete shall be notified by the coach or a representative of the city, village, business, or nonprofit organization that organized the athletic activity of the date and approximate time of the injury suffered by the athlete, the signs and symptoms of a concussion or brain injury that were observed, and any actions taken to treat the athlete.

(c) Nothing in this subsection shall be construed to require any city, village, business, or nonprofit organization to provide for the presence of a licensed health care professional at any practice or game.

(d) The signature of an individual who represents that he or she is a licensed health care professional on a written clearance to resume participation that is provided to a city, village, business, or nonprofit organization shall be deemed to be conclusive and reliable evidence that the individual who signed the clearance is a licensed health care professional. The city, village, business, or nonprofit organization shall not be required to determine or verify the individual's qualifications.

71-9106. Act; how construed

Nothing in the Concussion Awareness Act shall be construed to create liability for or modify the liability or immunity of a school, school district, city, village, business, nonprofit village, business or nonprofit organization or the officers, employees, or volunteers of any such school, school district, city, village, business, or nonprofit organization.

Information from Teachers for Concussion Management Team (CMT)

Date: _____ Student Name _____
 Date of Concussion: _____

To Teachers: The above named student has been diagnosed with a concussion. Please indicate if you are seeing physical, cognitive, emotional or sleep/energy symptoms in your classroom related to this concussion, or if you have concerns about this student’s progress, please state them below. Thank you for your valuable feedback.

Adapted from McAvoy, K. (2013) REAP the Benefits of Good Concussion Management. Centennial, CO: Rocky Mountain Sports Medicine Institute Center for Concussion

Class: Teacher:	What academic adjustments, if any, is the student still receiving in your classroom?	Has the student reported or have you noticed any concussion symptoms in the last two days? (Headaches, dizziness, difficulty concentrating, remembering; more irritable, fatigued than usual?) If yes, please explain.	Is this student’s level of performance better, the same or worse than before the concussion? Please explain.

Lexington Board of Education Policies

6000 Instruction Policies

6034 Concussion Awareness

The Nebraska Unicameral has found that concussions are one of the “most commonly reported injuries in children and adolescents who participate in sports and recreational activities and that the risk of catastrophic injury or death is significant when a concussion or brain injury is not properly evaluated and managed.”

The school district will:

1. Require all coaches and trainers to complete one of the following on-line courses on how to recognize the symptoms of a concussion or brain injury and how to seek proper medical treatment for a concussion or brain injury:

- Heads UP Concussions in Youth Sports
- Concussion in Sports—What You Need to Know
- Sports Safety International
- ConcussionWise
- ACTive™ Athletic Concussion Training for Coaches; and

2. On an annual basis provide concussion and brain injury information to students and their parents or guardians prior to such students initiating practice or competition. This information will include:

- The signs and symptoms of a concussion;
- The risks posed by sustaining a concussion; and
- The actions a student should take in response to sustaining a concussion, including the notification of his or her coaches.

A student who participates on a school athletic team must be removed from a practice or game when he/she is reasonably suspected of having sustained a concussion or brain injury in such practice or game after observation by a coach or a licensed health care professional who is professionally affiliated with or contracted by the school. The student will not be permitted to participate in any school supervised team athletic activities involving physical exertion, including practices or games, until the student:

1. has been evaluated by a licensed health care professional;
2. has received written and signed clearance to resume participation in athletic activities from the licensed health care professional; and
3. has submitted the written and signed clearance to resume participation in athletic activities to the school accompanied by written permission to resume participation from the student's parent or guardian.

If a student is reasonably suspected after observation of having sustained a concussion or brain injury and is removed from an athletic activity, the parent or guardian of the student will be notified by the school of:

1. the date and approximate time of the injury suffered by the student,
2. the signs and symptoms of a concussion or brain injury that were observed, and
3. any actions taken to treat the student.

The school district will not provide for the presence of a licensed health care professional at any practice or game.

School officials shall deem the signature of an individual who represents that he/she is a licensed health care professional on a written clearance to resume participation that is provided to the school to be conclusive and reliable evidence that the individual who signed the clearance is a licensed health care professional. The school will not take any additional or independent steps to verify the individual's qualifications.

Students who have sustained a concussion and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered. The school's "return to learn protocol" shall be the guidance provided by the Nebraska Department of Education entitled "Bridging the Gap from Concussion to the Classroom," and accompanying materials and future supplements. Nothing in this policy or the referenced protocol shall entitle a student who has sustained a concussion to an individualized plan under Section 504 of the Rehabilitation Act, although staff will refer students who have sustained a concussion for evaluation under Section 504 as appropriate.

Adopted on: April 13, 2015

<http://www.lexschools.org/district-information/school-board/policies/6000-seriespolicies/6034-concussion-awareness>

Activities
Concussions

Training

The Superintendent or designee shall make available training on how to recognize the symptoms of a concussion or brain injury and how to seek proper medical treatment for a concussion or brain injury to all coaches of school athletic teams.

Education

The Superintendent or designee shall require that concussion and brain injury information be provided on an annual basis to students and the students' parents or guardians prior to such students initiating practice or competition. The information provided to students and the students' parents or guardians shall include, but need not be limited to:

- the signs and symptoms of a concussion;
- the risks posed by sustaining a concussion; and
- the actions a student should take in response to sustaining a concussion, including the notification of his or her coaches and certified athletic trainer

Response to Concussions

Removal A student who participates on a school athletic team shall be removed from a practice or game when he or she is reasonably suspected of having sustained a concussion or brain injury in such practice or game after observation by a coach or a licensed health care professional who is professionally affiliated with or contracted by the school.

Return-to-Play A student who has been removed from a practice or game as a result of being reasonably suspected of having sustained a concussion or brain injury shall not be permitted to participate in any school-supervised team athletic activities involving physical exertion including, but not limited to, practices or games until the student: (i) has been evaluated by a licensed health care professional, (ii) has received written and signed clearance to resume participation in athletic activities from the licensed health care professional trained in concussion management and (iii) has submitted the written and signed clearance to resume participation in athletic activities to the school accompanied by written permission to resume participation from the student's parent or guardian.

The coach or administration may require that the student's return to full activities be on a stepwise progression back to full participation or otherwise establish conditions for return to participation that are more restrictive than those defined by the licensed health care professional if the coach, certified athletic trainer or an administrator reasonably deems such to be appropriate.

The signature of an individual who represents that he or she is a licensed health care professional on a written clearance to resume participation that is provided to the school shall be deemed to be conclusive and reliable evidence that the individual who signed the clearance is a licensed health care professional. The school is not required to determine or verify the individual's qualifications.

Parent Notification If a student is reasonably suspected after observation of having sustained a concussion or brain injury and is removed from an athletic activity per the preceding paragraph, the parent or guardian of the student shall be notified by the Superintendent or designee of the date and approximate time of the injury suffered by the student, the signs and symptoms of a concussion or brain injury that were observed and any actions taken to treat the student.

Return to Learn The Superintendent or designee shall develop a return to learn protocol for students who have sustained a concussion. The return to learn protocol shall recognize that students who have sustained a concussion and returned to school may need informal or formal accommodations, modifications of curriculum and monitoring by medical or academic staff until the student is fully recovered.

Responsibility of Coaches Coaches shall comply with this policy and apply their safety and injury prevention training. A coach who fails to do so is subject to disciplinary action including, but not limited to, termination of employment.

Students and Parents It is recognized that coaches cannot be aware of every incident in which a student has symptoms of a possible concussion brain injury. As such, students and their parents have a responsibility to honestly report symptoms of a possible concussion or brain injury to the student's coaches on a timely basis whether or not such injury happened during a school activity or an activity or incident outside of school.

Effective Date

This policy becomes operative on July 1, 2012. The administration may, but shall not be required to, implement provisions of this policy prior to such date as it determines appropriate.

Reviewed and Affirmed by the Board

Last Revision: 2016-08-09

Legal Reference: Laws 2011, LB 260, NE Rev. Stat. 71-9102 to 71-9106

<https://docushare.lps.org/docushare/dsweb/Get/Document-770063/6000%20-%20Instructional%20Program.pdf>

Lincoln Public Schools

Important Information Booklet 2018-2019, page 14

Concussion Protocol

Lincoln Public Schools is committed to keeping students safe and managing the Return to Learn process when a student suffers a concussion.

A concussion is a type of traumatic brain injury (TBI) caused by a blow to the head or a whiplash type injury caused by rapid acceleration of the head. After a concussion, connections within the brain become damaged and stressed, limiting the ability of the brain to process information quickly and efficiently.

These changes can lead to a set of symptoms affecting the student's cognitive, physical, emotional and sleep functions that may result in reduced ability to learn in the classroom and to do tasks at home or at work.

Every school has a Concussion Management Team (CMT) trained to support a student's return to school by understanding the effects of concussion and providing the needed academic adjustments and supports. Knowledge of concussion symptoms can help the student and the school team identify the specific needs of the student, monitor changes and provide appropriate accommodations to facilitate the student's recovery and minimize the pressure to return to activities too soon.

If your child suffers a concussion, contact your school administrator immediately to begin the concussion management process.

Millard Public Schools Return to Learn Form

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

Today the following symptoms are present (please circle)				___ No reported symptoms
Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to Light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems Concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual Problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

Red Flags: Please call your doctor or go to the emergency department if patient suddenly experiences any of the following.

Headaches that worsen	Lock very drowsy, can't be awakened	Can't recognize people or places	Unusual behavior change
Seizuresq	Repeated vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.
 - a. Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
 - b. Thinking and concentration activities (e.g., homework, classwork load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to main appropriate blood sugar levels.
5. As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

Returning to School

1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention or concentrating
 - b. Increased problems remembering or learning new information
 - c. Longer time needed to complete tasks or assignments
 - d. Greater irritability, less able to cope with stress
 - e. Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

Student's name: _____ DOB: _____ Date of Injury: _____

Sport: _____ Previous Head Injuries: Yes or No

Hx: _____

Returning to School (Continued)

Until you (or your child) have fully recovered, the following supports are recommended: (check all that apply)

No return to school. Return on (date)

Return to school with following supports. Review on (date)

Shortened day. Recommend ___ hours per day until (date)

Shortened classes (i.e., rest breaks during classes). Maximum class length: _____ minutes.

Allow extra time to complete coursework/assignments and tests.

Lessen homework load by _____. Maximum length of nightly homework: _____ minutes.

No significant classroom or standardized testing at this time.

Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.

Take rest breaks during the day as needed.

Request meeting of 504 or School Management Team to discuss this plan and needed supports.

Information for Parents/Guardians

As the parent/guardian of the above athlete, I understand that my child is not permitted to return to any type of physical activity (including return to play activity progression), practice, and/or game until he/she has been evaluated by a licensed healthcare professional, other than a certified athletic trainer, and received written and signed clearance to resume classroom activities and athletic participation from a licensed healthcare professional, other than a certified athletic trainer, and written and signed clearance from the parent/legal guardian of the athlete.

Information for Parents/Guardians

Please sign the consent for the release of information so that if questions arise concerning this injury and the academic and/or physical progress of this student, there can be an open line of communication between the school district, the physician, hospital or medical facility.

CONSENT FOR RELEASE OF INFORMATION

I hereby give consent for Release of Information between _____ (school district) and _____ (physician or medical facility) concerning the concussion sustained by _____ (my child.)

Parent/Guardian Signature: _____ Date: _____

Return to Play Activity Progression Protocol

The Return to Play Process will begin once the Return to Learn Process has been completed. The Return to Play Process takes a minimum of 5 school days. Each stage will take at least one day to complete. More days may be needed if the stage is not successfully completed.

Stage	Functional Exercise	Objective	Date Completed/ATC Initials
1	Walking at 2.5 MPH <u>OR</u> Riding a stationary bike for 25 minutes	Reach 30-40% maximum heart rate	Date _____ Initials _____
2	Jogging for 25 minutes, Sit-ups x 25 Push-ups x 25, Lunge Walks x 25	Reach 40-60% maximum heart rate	Date _____ Initials _____
3	Running for 25 minutes Sit-ups x 50, push-ups x 30, lunge walks x30 Individual practice drills for 15 minutes (wear helmet if appropriate)	Reach 60-80% maximum heart rate	Date _____ Initials _____
4	<u>ImPACT TEST</u> Participate in full-contact practice. Wear equipment as usual.	Reach 80% maximum heart rate	Date _____ Initials _____
5	Resume full participation in competition	Reach full exertion	Date _____ Initials _____
6		Reach and maintain full exertion.	Date _____ Initials _____



Wahoo Public Schools Head Injury and Concussion Protocol

This protocol shall hereby be implemented for all students residing in Wahoo Public School District including all students at Wahoo Elementary, Wahoo Middle School, and Wahoo High School. No student shall be exempt from this protocol regardless of age. A Concussion Management Team is available for the district and will be in contact regarding all concussion regardless of age of student and severity. This team consists of, but is not limited to: RN (Registered Nurse) and/or other Health Staff, Athletic Trainer, Athletic Director, SLP, and/or the student's Principal(s).

Any head injury will be classified as any official contact of head to head or head to object regardless of the severity of impact (mild to severe). This includes, but is not limited to: head to head contact in sports (both in practice and in games), accidental contact with an object in PE, accidental contact on or around school property, car accidents, etc.

Concussion is defined by the 2017 Concussion in Sport Group consensus statement as, "a traumatic brain injury induced by biomechanical forces." Several common features may include:

- May be caused either by a direct blow to the head, face, neck or elsewhere on the body with impulsive force transmitted to the head
- Typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
- May result in neuropathological changes, acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging (MRI, CT, etc)
- Results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. Some cases may be prolonged
- The clinical signs and symptoms cannot be explained by drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc) or other comorbidities (eg psychological factors or coexisting medical conditions)

The protocol is as follows:

Should any staff member be informed a student has hit their head or is having symptoms associated with concussions, the student should be taken to the closest health office at the closest school.

If this occurs at any sporting event, the Athletic Trainer or school staff member should be notified immediately regardless of location. They will begin the protocol process at varying steps depending on who is informed first.

If the student comes to the health office during the school day with a suspected head injury:

1. The Health Staff member of the student's school will request that the student fill out a Concussion Symptom List (attached). The Health Staff member may help the student with reading or filling out the form, if needed, however answers will come directly from the student.
2. If symptom score is over 0, the Health Staff member will call the RN. The RN will discuss with Health Staff if a further assessment is needed and the RN may or may not see the child at their respective school.
3. Parents/Guardians will then be called by a health staff member of the district to inform them of their student's status.
4. It is strongly encouraged that students should be sent home if they are having symptoms as physical activity [sports, practice, play (for small children)], band, and choir should cease for the remainder of the day. If the student does not go home, the student will be allowed to stay in health staff office if he/she is not able to return to class.
5. After communicating with parent/guardian, the student will be sent home with a Home Instruction for Concussion Management.

6. If the student returns to school the following school day, he/she will see a health staff member upon arriving at school. The student will complete another Concussion Symptoms List at this time. If the student is not having any symptoms and no further assessment is indicated, the student will be returned to the classroom full time. For a student that continues to have symptoms, see the following steps.
7. Return to Learn Protocol (attached) will be initiated. Student must progress through the Return to Learn.
8. During this time, the health staff (nurse/Athletic Trainer) will be in contact with the parent/guardian of the student.
9. When the Return to Learn Protocol is complete and the student has fully returned to the academic classroom, the Return to Play protocol (attached) is then initiated. The student must progress through all of the steps of the Return to Play Protocol (this will take at **minimum** 4 days with returning on day 5, but can take longer depending on progress/sport). A parent/guardian may be asked to participate in the recovery of their student regarding the Return to Play Protocol with overseeing the student doing light activity at home in the evenings or on the weekends. This will be communicated by the health staff.
10. When the Return to Play Protocol is complete, parent/guardian of the student must sign off on the Return to Activity Clearance stating that they are aware their student will return to activity full time (this does include PE and Recess).
11. No matter if student is/was assessed by Athletic Trainer or another Medical Professional, information on the student and their concussion will be shared with the district Concussion Management Team. The Health Staff member will inform any and all teachers that the student has a concussion and provide information on any classroom accommodations the student may need until recovered.
12. Should symptoms persist for a longer than anticipated time frame, the Concussion Management Team will meet to discuss the student's situation more in depth and will devise a specific plan, if needed.

If student athlete is injured, the additional steps will take place:

1. For students that are athletes in grades 7 through 12, the Certified Athletic Trainer for Wahoo will be informed. The Athletic Trainer will then assess the student for a head injury, if needed.
2. If symptom score is over 0, the Athletic Trainer, at his/her discretion based upon signs and symptoms, will assess for a concussion.
3. The Athletic Trainer will then inform the health staff at the student's school (WMS or WHS) that the student has been assessed and the Return to Learn Protocol will be initiated.
4. Return to Learn Protocol (attached) will be initiated. Student must progress through the Return to Learn.
5. When the Return to Learn Protocol is complete, the student has fully returned to the academic classroom, Return to Play protocol (attached) is then initiated. The student must progress through all of the steps of the Return to Play Protocol (this will take at **minimum** 4 days with returning on day 5, but can take longer depending on progress/sport).
6. A Parent/guardian may be asked to participate in the recovery of their student regarding the Return to Play Protocol with overseeing the student doing light activity at home in the evenings or on the weekends. This will be communicated by the Athletic Trainer.
7. When the Return to Play Protocol is complete, parent/guardian of the student must sign off on the Return to Activity Clearance stating that they are aware their student will return to activity full time (this does include PE and Recess).
8. No matter if student is/was assessed with a concussion by Athletic Trainer or another Medical Professional, information on the student and their concussion will be shared with the district Concussion Management Team. The Health Staff member will inform any and all teachers that the student has a concussion and provide information on any classroom accommodations the student may need until recovered.
9. Should symptoms persist for a longer than anticipated time frame, the Concussion Management Team will meet to discuss the student's situation more in depth and will devise a specific plan, if needed.
10. Final clearance for return to school-related physical activity will be made by the school's Athletic Trainer.

Concussion Management Team (CMT) (Teams will vary with students' schools)

Wahoo High School Principal: Jarred Royal jroyal@wahoowarriors.org

Wahoo Athletic Director: Marc Kaminski mkaminski@wahoowarriors.org

Wahoo RN: Josh Trutna jtrutna@wahoowarriors.org

Wahoo RN: Meg Sloup msloup@wahoowarriors.org

Athletic Trainer: Rachel Hall rhall@smcne.com

Wahoo Middle School Principal: Marc Kaminski mkaminski@wahoowarriors.org

Wahoo Elementary Principal: Ben Kreifels bkreifels@wahoowarriors.org

Speech and Language Pathologist: Kelsey Sestak ksestak@wahoowarriors.org

The following may be indications that would require an automatic referral to the CMT:

- The student has a history of previous concussions regardless of when the last concussion occurred.
- The student has a history of severe headaches or migraines.
- The student has diagnosed Depression, diagnosed Anxiety, or other diagnosed Mental Health diseases.
- The student has been diagnosed with ADHD or SLD.
- The student has a known and diagnosed sleeping disorder.

Return to Academics (Learn) Protocol

Progression for each student will be individualized. Some may progress much quicker than others. Also, be advised that the student may jump back and forth between steps or skip steps depending on symptoms.

STEP 1

HOME: Student will stay home for cognitive and physical rest.

- Stay at home
- No driving (recommended)
- May limit mental exertion including: computers, texting, homework, and video games

STEP 2

HOME: Light Mental Activity

- Stay at home
- No driving (recommended)
- Up to 30 minutes of mental exertion
- No prolonged concentration

Student may progress to step 3 only when he/she can withstand 30 minutes of mental exertion without worsening of symptoms.

STEP 3

SCHOOL: Part time with maximum adjustments, built in breaks, and shortened day/schedule

- Provide quiet place for scheduled mental rest
- Lunch in quiet environment
- No significant classroom or standardized testing
- Modify rather than postpone academics
- Provide extra help, time, and adjustment of assignments

Student may progress to step 4 only when he/she can withstand 30-40 minutes of mental exertion without worsening of symptoms.

STEP 4

SCHOOL: Part time with maximum adjustments and shortened day/schedule

- No standardized testing
- Modified classroom testing
- Moderate decrease of extra help, time and modification of assignments

Student may progress to step 5 only when he/she can withstand 60 minutes of mental exertion without worsening of symptoms.

STEP 5

SCHOOL: Part time with minimal adjustments

- No standardized testing (routine classroom testing ok)
- Continued decrease of extra help, time, and adjustment of assignments
- May require more support in academically challenging subjects

Student may progress to step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance to full return to learn and play.

STEP 6

SCHOOL: Full time with full academics and no adjustments

- Attends all classes
- Full homework and testing

When symptoms continue beyond 3-4 weeks, prolonged in school support and accommodations are required. CMT will meet and discuss individualized plan for the student.

Return to Play (Activity/Athletics) Protocol

Return to Play is a medical decision. The Wahoo CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student.

In order for a student to progress past Stage 1 in the Return to Play Protocol a student must be symptom free for at least 24-48 hours and Impact test will be administered. Progression through the Protocol is individualized. Student only continues to progress as long as their symptoms do not return.

STAGE 1

SYMPTOM LIMITED ACTIVITY: daily activity that does not provoke symptoms

- Recovery Stage

Student must be symptom free at least 24-48 hours and the ImPACT test will be taken into consideration prior to progressing to Stage 2.

STAGE 2

LIGHT AEROBIC EXERCISE: Brisk walking, swimming, or stationary cycling. Slow to medium pace.. No resistance training.

- Work toward increasing heart rate.
- Increasing activity without return of symptoms.

STAGE 3

SPORT SPECIFIC EXERCISE: Running drills, agility drills, ball handling drills, etc.. No head impact.

- Work toward adding more movement with exercise.
- Increasing activity without return of symptoms.

STAGE 4

NON- CONTACT TRAINING DRILLS: Position drills. No contact activity. May start progressive resistance training.

- Progression to more complex drills.
- Work toward increasing exercise, coordination, and cognitive load.
- Increasing activity without return of symptoms.

STAGE 5

FULL CONTACT PRACTICE: Following medical clearance with normal play in activities.

- Restore confidence
- Assess functional skills by coaching staff
- Full activity without return of symptoms

STAGE 6

FULL RETURN TO PLAY: Normal game play if medically cleared.