

## CFCI Return-To-Learn After Concussion

**(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;**

Any teacher, school administrator, school counselor, school psychologist, or other school professional 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.).

*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. 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 a student experiencing even one of these symptoms, the student MUST immediately be removed from all participation. If the First Responder is available, contact him/her immediately so an evaluation can be performed. If the First Responder is not accessible, provide the following care. Please note that if the student is unconscious or has an altered level of consciousness, 911 should be called immediately.*

*Signs of Head, Neck, and Back Injuries 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*

**2) Notification procedure to education staff regarding removal from learn(ing) or play;**

If a student has a diagnosed concussion, then all stakeholders in the student's education must be notified (e.g., teachers, administrators, etc.). This procedure should be in written form and accessible by all staff.

*CFCI's concussion contact (Director or his/her designee) will facilitate the return to learn procedures.*

*Upon notification of a diagnosed concussion, the concussion contact immediately notifies the parent(s) and teacher(s). Others should be notified (i.e., psychologist, etc.) as needed. This written notification serves the following purposes:*

- *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*

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

**Medical Care Plan/ Educational Care Plan -**

The Return-to-School plan may represent different levels and duration of care including, but not limited to:

- 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

*If the student is experiencing difficulties due to the concussion, development of an Educational and/or Medical Care Plan would occur. It is recommended that this occur via a face-to-face meeting.*

*- Initiation and coordination of this meeting would involve the concussion contact and (if applicable) the case manager.*

*- Suggested participants include: teacher(s), parent(s), school counselor*

*- Others could include the student, school psychologist, etc., as needed and appropriate.*

**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).*

- *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.*

**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).*

- *The Educational Care Plan is led by the designated school professional*

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

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.

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 (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 *MTSS team* should become involved in order to identify appropriate targeted interventions for the student.

- When possible, a School Psychologist who is certified as an approved provider for assessment of TBI, should be part of this decision-making process.

- *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(MTSS) 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.*

- (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.**

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.

- *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 counselor, school psychologist.*

**(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.**

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.

- *Presentation contains information regarding:*
  - *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*

**(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.**

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 procedures.

- *Most schools have a student information card/document completed annually by the parent/guardian that provided updated contact and emergency information.*
- *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.*