



Return-to-Learn after Concussion

Guidelines for Implementation



Public Schools of North Carolina
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Concussion Monitoring: Return to Learn

Item	Description
Policy Title	Return-to-Learn After Concussion
Policy Category	Student Health Issues (SHLT)
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Concussion Monitoring: Return to Learn

- 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;
 2. a notification procedure to education staff regarding removal from learn or play;
 3. expectations regarding annual medical care update from parents, medical care plan/school accommodations in the event of concussion; and
 4. delineation of requirements for safe return-to-learn or play following concussion.
- 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.
- 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.
- 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 the student may have incurred during the past year.

This plan shall be implemented at the beginning of the 2016-2017 academic school year.

Introduction

A concussion is a mild form of traumatic brain injury (mTBI) that changes the way a person’s brain normally works. A concussion is caused by a bump, blow, and/or a jolt to the head that may not involve physical contact. Concussions can occur with or without loss of consciousness. Signs and symptoms of a concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. The physical symptoms that are common following a concussion may include headaches, double vision, light sensitivity, dizziness, fatigue and/or sensitivity to noise. Learning difficulties that may be present include those associated with light and noise sensitivity, cognitive fatigue, slippages in attention, problems with memory, and/or slower processing speed. Any of these symptoms may negatively impact a student’s learning, emotion regulation, or behavioral functioning in the school setting. These symptoms usually resolve in 1-2 weeks in the majority of cases, but in some cases, they can linger for months. Consequently, there is a need for guidelines to support all students in their return to the educational environment after sustaining a concussion.

In 2011 the North Carolina General Assembly passed the [Gfeller Waller Concussion Awareness Act \(GWCA\)](#), that addresses concussion management for injuries experienced in the context of participation in public school sports. This law provided clear guidelines and procedures for managing the concussion symptoms of middle and high school students, including return-to-play guidelines, but did not address non-sports related injuries, injuries that occurred outside the school setting, injuries to younger children, or the needs of students as they returned to the learning environment. The current policy provides “return-to-learn” guidelines that should assist school districts in addressing the learning, emotional, and behavioral needs of all students, including those under the GWCA, following a concussion.

In support of the [Return to Learn policy](#), this Implementation Guide:

- 1) Provides guidelines for the identification of students who have sustained a concussion;
- 2) Guides staff in the evaluation of a student with a concussion and provides guidelines for parent notification;
- 3) Provides parents and staff with concussion education;
- 4) Provides guidance for staff as they develop educational and health-related accommodations for students who have sustained a concussion;
- 5) Provides guidance to staff as they provide educational supports for students with prolonged symptoms related to concussion. (Persisting problems following concussion in children are more common in those with previous head injury, as well as those who have experienced preexisting learning difficulties, neurological, or psychiatric difficulties.)

Each of the following sections of this guide will explain a policy statement, offer examples of implementation, and provide resources that each LEA and charter school may use to develop local guidelines in meeting the needs of students who have experienced concussions.

(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;

Explanation:	Any teacher, coach, school administrator, school counselor, school psychologist, school drug counselor, school nurse, attendance officer, or other school professional who suspects that any student may have 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.)
Examples of Implementation:	<p>Any school employee who suspects that a student may have 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.</p> <p>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.</p> <p>Please note that if the student is unconscious or has an altered level of consciousness, 911 should be called immediately.</p> <p>If the athletic trainer, first responder, or school nurse, is available, contact him/her immediately so an evaluation can be performed. If the athletic trainer, first responder, or school nurse is not accessible, then a designated school staff member should be notified to check for the following signs of head, neck, and back injuries:</p> <ul style="list-style-type: none"> • 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 because of injury • Impaired vision (e.g., double vision) because of the injury • Nausea or vomiting • Persistent headache • Loss of balance • Bruising of the head, especially around the eyes or behind the ears
Relevant Tools/Resources:	<p>Websites:</p> <ul style="list-style-type: none"> • Center for Disease Control - Heads-up Program: http://www.cdc.gov/headsup/pdfs/schools/tbi_schools_checklist_508-a.pdf • North Carolina Emergency Guidelines for Schools: http://www.nchealthyschools.org/docs/resources/nc-emergency-guidelines.pdf • BrainSteps Recommended Protocol: http://brainsteps.net/orbs/about/2_BrainSTEPS_Protocol.pdf <p>School District Resources:</p> <ul style="list-style-type: none"> • Cabarrus County Schools: http://www.cabarrus.k12.nc.us/Page/1044 • Charlotte-Mecklenburg Schools: Management of the Student Post-Concussion • Guilford County Schools: Suspected Concussion Flowchart • Wake County Public School System: WCPSS Management of Suspected Severe Injuries

(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:

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

Explanation:	<p>If a student has a verified diagnosis of concussion, then all stakeholders in the student's education must be notified (e.g., teachers, coaches, administrators, etc.).</p> <p>This procedure should be in written form and accessible by all staff.</p>
Examples of Implementation:	<p>It is recommended that each school designate a professional to be the concussion contact for the school. This person facilitates the return to learn procedures. This can be any professional in the school setting and they should be clearly identified by the school administration.</p> <p>Depending on the size of the school, a case manager may also be another useful role to designate. Potential duties of a case manager may be as follows:</p> <ul style="list-style-type: none"> • Follow up with parent as needed to ensure student's needs are being addressed • If the student has an IEP, contact the special education case manager • Coordinate the development and follow-up of an Educational Plan of Care (if applicable) <p>Whoever receives the initial notification of a student's diagnosed concussion should inform the designated concussion contact. For example, a parent may provide initial documentation to the school receptionist, who then should immediately alert the designated concussion contact at the school.</p> <p>Upon notification of a diagnosed concussion, the concussion contact immediately notifies the parent(s), teacher(s), and school nurse. Others should be notified (i.e., psychologist, coach, etc.) as needed. This written notification serves the following purposes:</p> <ul style="list-style-type: none"> • Assignment of case manager • Informs others of concussion • Includes symptoms for parent(s) and teachers to watch for • Asks teachers to note needed supports, accommodations, and/or modifications • Lists recommendations from physician (if available) • Gives directions to contact concussion contact with questions/concerns
Relevant Tools/Resources:	<p>Websites:</p> <ul style="list-style-type: none"> • BrainSteps Recommended Protocol: <ul style="list-style-type: none"> • http://brainsteps.net/orbs/about/2_BrainSTEPS_Protocol.pdf • BrainSteps Notification Flow Chart <p>School District Resources:</p> <ul style="list-style-type: none"> • Cabarrus County Schools: https://www.cabarrus.k12.nc.us/Page/1044 • Guilford County Schools: Concussion Notification Letter • Wake County Public School System: WCPSS Assisting Students with a 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:

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

<p>Explanation:</p>	<p>Annual medical care update: this is explained more fully in component (d) below.</p> <p>Medical Care Plan/Educational Care Plan -</p> <p>The Return-to-Learn plan may represent different levels and duration of care including, but not limited to:</p> <ul style="list-style-type: none"> • 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
<p>Examples of Implementation:</p>	<p>If the student is experiencing difficulties due to the concussion, development of an Educational and/or Individual Healthcare Plan would occur. It is recommended that this occur via a face-to-face meeting.</p> <ul style="list-style-type: none"> • Initiation and coordination of this meeting would involve the concussion contact and (if applicable) the case manager. • Suggested participants (if not already included as concussion contact and case manager) include: teacher(s), parent(s), school counselor, school nurse. • Others could include the student, school psychologist, coach, etc., as needed and appropriate. <p>Individual Healthcare Plan: A document outlining the supports, accommodations, and/or modifications a student may need to address medical symptoms while recovering from a concussion. This plan is reviewed as often as necessary, (recommended - weekly).</p> <p style="padding-left: 40px;">The Individual Healthcare Plan is led by the school-based health care professional.</p> <p>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 Individual Healthcare Plan).</p> <p style="padding-left: 40px;">The Educational Care Plan is led by the designated school professional (may be the concussion contact or case manager designated at the school).</p>
<p>Relevant Tools/Resources:</p>	<p>School District Resources:</p> <p>Cabarrus County Schools:</p> <ul style="list-style-type: none"> • CCS Return to Learn: Academic Accommodation Plan Following Concussion • CCS Modifications Form <p>Charlotte Mecklenburg Schools: Management of the Student Post-Concussion-CMS</p> <p>Wake County Public School System:</p> <ul style="list-style-type: none"> • WCPSS Assisting Students with a Concussion • WCPSS Academic Plans of Care • WCHS Medical Care Plan

(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:

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

<p>Explanation:</p>	<p>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 supports/accommodations, or temporary removal from the formal classroom environment.</p> <p>Prolonged symptoms must be addressed in a manner that matches the level of intervention to the student’s needs. Should the Return-to-Learn Plan (Individual Healthcare Plan, Educational Care Plan) be found to be insufficient in meeting the needs of a student at any point during the monitoring process by the concussion management team, the school-based problem solving team should become involved in order to identify appropriate targeted interventions for the student.</p> <p style="padding-left: 40px;">When possible, a School Psychologist who is certified as an approved provider for assessment of TBI, should be part of this decision-making process.</p> <p>Please see Appendix A for a review of the current literature that guides return to learn timelines and decision making.</p>
<p>Examples of Implementation:</p>	<p>The Educational Care Plan is reviewed as often as necessary, (recommended as often as the Individual Healthcare Plan).</p> <p>Progress monitoring of symptoms could occur via symptom checklists that are completed regularly by school staff and parents; analysis of the data gathered through these methods should inform decisions regarding recovery progress.</p> <p>As a student progresses in recovery, decrease the intensity of the supports, accommodations, and/or modifications until the student has been symptom free without supports, accommodations, and/or modifications for two or more weeks. The plan can then be discontinued.</p> <p>If state testing accommodations are needed, the use of the transitory impairment procedure may be appropriate.</p> <p>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 for targeted intervention specific to academic and/or functional needs.</p> <p>For students with existing 504 plans, these plans are not amended unless a student demonstrates a significant need in direct relation to their concussion.</p> <p>In the case of students with existing IEPs, the IEP team should convene to discuss the event and change in progress resulting from the concussion. In these instances, the student’s IEP team (including additional relevant staff, such as the school nurse and concussion contact, etc) may serve as the student’s concussion management team. If accommodations that are not in the existing IEP are deemed necessary, specific to the event (concussion), then the IEP team may either:</p> <p>Note the transitory accommodation plan in the accommodation section of the IEP to direct service providers to the transitory impairment plan and reconvene as needed to review and revise the IEP as symptoms resolve;</p> <p>OR</p> <p>Document the additional accommodations in the existing IEP and reconvene as needed to review and revise the IEP as symptoms resolve.</p> <p>*Please note that additional areas beyond the accommodations in the IEP may need to be reviewed and revised based on the student’s unique needs resulting from the concussion.</p>

(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:

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

(continued)

<p>Relevant Tools/ Resources:</p>	<p>State Resources:</p> <p>BrainSteps flowchart</p> <p>Oregon: https://cbirt.org/concussion/concussion-resources</p> <p>Return to Academics: https://cbirt.org/sites/cbirt.org/files/resources/return_to_academics.pdf</p> <p>Plan of Accommodations: https://cbirt.org/sites/cbirt.org/files/resources/504_plan_ocamp.pdf</p> <p>School District Resources:</p> <ul style="list-style-type: none"> • Cabarrus County Schools: <ul style="list-style-type: none"> • http://www.cabarrus.k12.nc.us/Page/1044 • CCS Return To Learn • CCS Modifications Form • Charlotte Mecklenburg Schools: Management of the Student Post-Concussion-CMS • Guilford County Schools: <ul style="list-style-type: none"> • Post-Concussion RTL Flowchart • Concussion Management – IST Checklist • Concussion Support Plan • Wake County Public School System: <ul style="list-style-type: none"> • WCPSS Assisting Students with a Concussion • WCPSS Academic Plans of Care • WCPSS Academic Plan of Care How To PPT
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(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.

Explanation:	If an Educational or Individual Healthcare 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.
Examples of Implementation:	<ul style="list-style-type: none"> • The parent/guardian and designated Concussion Contact (or other designated school professional) are present in the development of the plan of care. • If the student has an IEP, the special education case manager should be invited. • 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 who may also be consulted, but are not required members of the team, include the school nurse, school counselor, school psychologist, and/or a coach/athletic director.
Relevant Tools/ Resources:	<p>State Resources: Oregon: Concussion Management Team</p> <p>School District Resources: Cabarrus County Schools: Concussion Protocol</p> <p>Guilford County Schools: RTL FAQ Document</p> <p>Wake County Public School System:</p> <ul style="list-style-type: none"> • WCPSS Assisting Students with a Concussion • WCPSS Concussion FAQ • WCPSS Academic How To Plan of Care PPT • WCPSS Academic Plan of Care

(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.

Explanation:	<p>This annual update should include all school staff. It's intent is to remind all school personnel of concussion symptoms and their impact on students' school functioning, the concussion policy, and the specific procedures developed by the school to implement the state concussion policy.</p> <p>This annual update will also allow for discussion of any identified changes that have been made to the district level procedures for assisting students who have sustained a concussion.</p>
Examples of Implementation:	<p>Annual update contains information regarding:</p> <ul style="list-style-type: none"> • 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 <p>Annual update may:</p> <ul style="list-style-type: none"> • be provided by student support services staff at the beginning of each school year • be delivered as schools are doing annual diabetes education or other required annual updates • be delivered as an online tutorial for staff to watch at their convenience • include information and required training components regarding the Gfeller-Waller Concussion Awareness Act (middle and high school) <p>Documentation of training provided and staff participation should be maintained</p>
Relevant Tools/ Resources:	<p>Websites:</p> <ul style="list-style-type: none"> • Gfeller-Waller Concussion Awareness Act : http://gfellerwallerlaw.unc.edu/GfellerWallerLaw/gwlaw.html • Center for Disease Control - Heads-up Program: http://www.cdc.gov/headsup/schools/index.html • Dr. Mike Evans - Concussion management and return to learn: https://www.youtube.com/watch?v=55YmblG9YM • American Academy of Neurology: https://www.aan.com/concussion <p>State Resources:</p> <p>Colorado:</p> <ul style="list-style-type: none"> • https://www.colorado.gov/pacific/cssrc/concussion-traumatic-brain-injury • https://www.cde.state.co.us/healthandwellness/concussionguidelines7-29-2014-0 <p>Oregon: http://cbirt.org/ocamp/resources/</p> <p>Nebraska: http://biane.org/audience/concussion/concussiontraining/concussion-management-training.html</p> <p>North Carolina Templates: Sample staff development trainings</p> <ul style="list-style-type: none"> • RTL Annual School Staff Training (Customizable version) • RTL Annual School Staff Training <p>Pennsylvania - http://brainsteps.net/#resources</p> <p>School District Resources:</p> <p>Wake County Public School System:</p> <ul style="list-style-type: none"> • Concussion Presentation • Signs and Symptoms • Concussion FAQs

(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.

Explanation:	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 information provided by the parent/guardian in the update indicates a previously unknown head injury, this should initiate the notification process of return-to-learn procedures.
Examples of Implementation:	<p><i>Most schools have a student information card/document completed annually by the parent/guardian that provides updated contact and emergency information.</i></p> <p><i>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?"</i></p> <p><i>The medical information page in PowerSchool may be used for documentation, if that is the</i></p>
Relevant Tools/ Resources:	<p>State Resources:</p> <p>Health History Form W/ Concussion Included: http://www.rockbridge.k12.va.us/documents/health/student_health_history_form.pdf</p> <p>School District Resources:</p> <p>Guilford County Schools: Suspected Concussion Questionnaire</p>

APPENDIX A: *When to Consider Special Education Services for Children Who Sustain mTBI*

It is undeniable that the needs of students who have suffered a mild traumatic brain injury (mTBI) are not yet fully addressed in the public school system. (Gioia, Glang, & Hooper, 2015; Halstead et al., 2013; Yeates et al., 2009). Research about the trajectories of students experiencing mTBI should steer statewide concussion management policy development. These outcomes remain somewhat controversial due to the variability in longitudinal clinical and epidemiological evidence (McKinlay, 2010; Yeates, 2010). As of yet, there is “strikingly little evidence to guide overall management of mTBI in children” (Gioia et al., 2015, p. 3). Furthermore, Carroll et al. (2004) suggested that further study is necessary to determine the optimal educational models for recovery.

Although TBI is an eligibility category under IDEA legislation, its utilization remains strikingly low considering the high levels of clinical reports of TBIs in children. According to some estimates, 90% of TBI cases are mild and one in five children experience mTBI before age 16 (McKinlay, 2010). By contrast, in 2013 only .04% of IDEA children were determined eligible under the TBI category (www.disabilitycompendium.org/statistics/special-education). In the general population the rate of long term disability varies with the severity of the TBI (Whiteneck, Cuthbert, Corrigan, & Bogner, 2014). The rate of long term disability after TBI that does NOT require hospitalization is as of yet unknown. However, evidence from across multiple studies suggests that up to 36% of people who have sustained mTBI continue to report symptoms beyond three months, post-injury (Jantz, 2015). These symptoms fall into cognitive, behavioral, and physiological deficits, but symptoms reported have a tendency to be “vague” (Jantz, 2015, p. 238). Importantly, there is no research specific to the school age population with regard to these symptoms or the rate of children whose educational impact is such to require special education services (Jantz, 2015).

This may be partially explained by the complexity of recovery in mTBI (Gioia et al., 2015). It is widely agreed upon that most symptoms are transient in nature and resolve within 3 months of injury (Carroll et al., 2004; Jantz, 2015; McKinlay, 2010; Yeates et al., 2009). Gioia, Gland, and Hooper (2015) point out that most students will need academic supports for three or fewer weeks. By contrast, there exists evidence documenting instances where symptoms do not resolve, such that this may even constitute a coherent syndrome, post-concussive syndrome (PCS) (Yeates, 2010). Research on the prevalence of post-concussive symptomatology in children is limited at the current time and more longitudinal research is needed (McKinlay, 2010).

The question remains, how many students who have experienced an mTBI have subsequently been found eligible for special education? No research could be found during this brief review that fully answered this question. Some guidance documents mention timelines for referral for IEP, however. Broad consensus indicates that an IEP is reserved for issues that are considered chronic, long term, and persistent (Halstead et al., 2013; Jantz, 2015). In the context of mTBI, specifically, this would constitute symptoms that persist for 6 months. After this amount of time the initiation of Child Find obligations is necessary (Halstead et al., 2013; Jantz, 2015). Other documents were found that recommend shorter periods, however. The BrainSteps program of Pennsylvania recommends a BrainSteps team referral after 8 weeks, which may result in the recommendation of a full evaluation for an IEP. Guidance published by Georgia Department of Public Health (choa.org/concussion) recommends an IEP evaluation after 28 days (p. 23).

Due to a lack of research, it is unclear how many children who sustain mTBI are subsequently referred for IDEA eligibility. Guidance documents appear to recommend variable timelines for referral ranging from 28 days to six months. The consensus based on this limited review of the literature, that symptoms that persist longer than 6 months should be considered for IDEA eligibility. This may help to address what may be a significant under-identification of IDEA eligible people with TBI. The continued implementation of effective monitoring and school based infrastructure may potentially help our understanding and will contribute to more accurate surveillance of this critical situation in the future.

APPENDIX B: Frequently Asked Questions

Q: How does the educational plan of care translate to testing accommodations? Would we need an emergency 504 for testing/EOG/exams?

- A. *If a student is in need of accommodations for testing due to a concussion, teams may use the Transitory Impairment procedures.*

Q: If a student with an IEP sustains a concussion and requires accommodations for testing until the concussion symptoms resolve, are those accommodations added to the existing IEP or do you develop an additional transitory accommodations plan?

- A. *In the case of students with existing IEPs, the IEP team should convene to discuss the event and change in progress resulting from the concussion. In these instances, the IEP team may serve as the student's concussion management team, as well. If accommodations that are not in the existing IEP are deemed necessary, specifically related to the event (concussion), then the IEP team may either:*

- *Note the transitory accommodation plan in the accommodation section of the IEP to direct service providers to the transitory impairment plan and reconvene as needed to review and revise the IEP as symptoms resolve*

OR

- *Document the additional accommodations in the existing IEP and reconvene as needed to review and revise the IEP as symptoms resolve*

**Please note that additional areas beyond the accommodations in the IEP may need to be reviewed and revised based on the student's unique needs resulting from the concussion.*

Q: If a student sustains a concussion and experiences symptoms for longer than the typical healing period of 1 to 3 weeks, should a 504 plan with appropriate accommodations be considered?

At what point is it recommended to consider a 504 plan to meet the student's needs?

- A. *Most students with a concussion will recover within the first few weeks. Due to the temporary nature of most concussions, a Section 504 plan would not be warranted. Under Section 504 law, temporary or transitory impairments (typically 6 months or less) are not considered disabilities. However, when symptoms occur for prolonged periods of time, the following examples illustrate potential scenarios and decisions for teams:*
- 1) *Prolonged symptoms occur and the supports delineated in the Return-to-Learn Plan (Medical Care Plan, Educational Care Plan) ARE proving successful in supporting those prolonged symptoms, the team may then decide that a more solidified plan is appropriate for that student (i.e., 504 plan).*
 - 2) *Prolonged symptoms occur and the supports delineated in the RTL Plan ARE NOT sufficiently meeting the student's needs, then the school-based problem solving team should become involved in order to identify appropriate targeted interventions for the student.*

Q: How does HIPAA impact the notification process? Are teachers really part of the medical team legally?

- A: *HIPAA regulations are only applicable to actions completed by HIPAA subject agencies. In this situation that would be the medical provider's office and would apply to their initial notification of designated school staff. The provider office is a HIPAA entity, the school is not. Schools are subject to FERPA requirements. Once the diagnosis, and any related documents, are in the school they are defined as education records and subject to FERPA only. Under FERPA, authorities in the school/district can disclose to anyone within the district on a 'need to know' basis. That need to know is determined by the school/district/designated individual (nurse). Parent permission is not required to disclose within the school district. In addition, although some districts do request parental signatures as a matter of policy, there is no requirement for parental consent to distribute health care plans in schools to staff with a need to know. Teachers who work with students recovering from concussion are part of the school response team for that student.*

Q: If parents indicate on the student health information form that their student has experienced a head injury/concussion in the past year will there be some standard guidance on how to proceed or will that be established in each LEA?

- A. *If a parent indicates that their child has sustained a concussion, it is recommended that the designee at the school be notified of this information so that they may follow-up with the parent to determine next steps for that student. Examples of who might serve as the designee (concussion contact) are provided in the relevant section of this guide.*

Q: Since nurses cannot make diagnoses, wouldn't a diagnosis of head injury/concussion from a doctor be needed to activate the development of a care plan?

- A. *That is correct. In some cases, there may be issues with the student getting medical care. The role of the school nurse is then to assist the parent in securing care if the student is experiencing symptoms.*

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