



Public Schools of North Carolina

# Implementing Return-to-Learn (Concussion Monitoring)

*Summer Webinar Series*

NC Department of Public Instruction

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# State Board of Education Policy

## NORTH CAROLINA STATE BOARD OF EDUCATION Policy Manual

### Policy Identification

**Priority:** Healthy Responsible Students

**Category:** Student Health Issues

**Policy ID Number:** [HRS-E-001](#)

**Policy Title:** Return-to-Learn After Concussion

**Current Policy Date:** 10/01/2015

**Other Historical Information:**

**Statutory Reference:** GS 115C-12(12)

**Administrative Procedures Act (APA) Reference Number  
and Category:**



# HRS-E-001 – Return to Learn after Concussion

## *Why* Needed:

- Concussion prevalence
- Impact of symptoms on school functioning
- Until now, no system in place to monitor students as they return to the educational environment post-concussion



# Concussion Defined:

- A concussion is a type of mild traumatic brain injury (mTBI) 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

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

[http://www.cdc.gov/headsup/basics/concussion\\_what.html](http://www.cdc.gov/headsup/basics/concussion_what.html)



# Concussions Are *Serious*

- Medical providers may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening.
- Even so, the effects of a concussion can be serious.

[http://www.cdc.gov/headsup/basics/concussion\\_what.html](http://www.cdc.gov/headsup/basics/concussion_what.html)



# Concussion Prevalence

- More than 3 million (known) cases a year in the United States
- Most common type of mild brain injury
- Can lead to other, temporary cognitive symptoms



# Concussion Symptoms and their Educational Relevance:

Physical:	Sensory:	Emotional:	Cognitive:
<ul style="list-style-type: none"><li>- Headaches</li><li>- Balance issues</li><li>- Fatigue</li><li>- Dizziness</li><li>- Difficulty Sleeping</li><li>- Numbness/tingling</li></ul>	<ul style="list-style-type: none"><li>- Blurred vision</li><li>- Sensitivity to sound or light</li></ul>	<ul style="list-style-type: none"><li>- Sad</li><li>- Angry</li><li>- Worried</li><li>- Irritable</li><li>- Nervousness</li></ul>	<ul style="list-style-type: none"><li>- Mentally “foggy”</li><li>- Difficulty with memory</li><li>- Difficulty remaining focused</li></ul>





# Concussion Recovery

- Most symptoms will resolve within a few weeks
  - However, may get worse before they get better
- Cognitive rest
  - Like other injuries in that rest to the area affected is needed; however, difficult to ‘rest’ your brain – more intentional awareness needed for this
- Individualized approach
  - Longer recovery if: multiple concussions, history of headaches, previous learning or mental health issues, substance abuse



# Gfeller-Waller Concussion Awareness Act

## *what it covers...and what it doesn't*

Major area covered:	What is not addressed under GWCA Act
All student athletes who sustain a concussion within the realm of school related sports	ALL students who sustain a concussion...anywhere (in or outside of school)
Education of coaches, school nurses, volunteers, student athletes, parents	Educational information/materials for ALL educators working in NC public schools
Emergency Action Plan to include a post-concussion protocol (specific to removal from play for student athletes)	Removal from play/physical activity for ALL students who sustain a concussion
Return-to-play procedures for student athletes	Protocol specific to the return to the educational environment (for ALL students who sustain a concussion)



# HRS-E-001 – Key Components:

*Public schools must:*

- A. Develop a plan, to include four main requirements
- B. Identify a team responsible for identifying and monitoring students who sustain mTBI
- C. Provide relevant staff development on mTBI and district/school procedures (annually)
- D. Include a system of surveillance (question about head injury) collected annually



# A) Develop a plan

*All schools must develop a plan for addressing needs, which must include:*

- 1) Guidelines for removal*
- 2) Notification procedure*
- 3) Medical care plan/school accommodations*
- 4) Delineation of return to learn or play requirements*



## B) Identify Team of Professionals

*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) Provide Annual Staff Education

*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) Collect Concussion Info. Annually

*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.*



# (a) 1) Guidelines for removal

*The plan must include:*

guidelines for removal of a student from physical and mental activity when there is suspicion of concussion;





## (a) 2) Notification procedure

*The plan must include:*

a notification procedure to education staff regarding removal from learn or play;

Information may be brought to school's attention by:

- Student informing staff member
- Paperwork from a MD
- Parent informing a staff member



# Notification:

- Upon notification of concussion, the team of professionals:
  - Assigns a case manager (if applicable)
  - Immediately sends an alert (email) to:
    - Parent(s), teacher(s), and school nurse
    - Others as needed : psychologist, coaches, athletic trainers (HS) and sports safety technicians (MS)



# Notification:

## This alert will:

- Inform parties of suspected/diagnosed concussion
- Include symptoms for parents and teachers to watch for
- Ask teachers to note needed accommodations/modifications
- List recommendations from physician (if provided)
- Identify case manager (if applicable)
- Give directions to contact the assigned case manager with questions/concerns



# (a) 3) Medical Care Plans/School Accommodations

*The plan must include:*

medical care plan/school accommodations specific to the student's MD recommendation and symptoms. If no MD recommendations are given, the nurse in consultation with the student and parent should develop the care plan based on student symptoms.



## (a) 3) Plans of Care

- If the student is still having symptoms, more specific supports may be needed. These may be documented through:
  - *Medical Plan of Care* - coordinated by the school-based health care professional
  - *Educational Plan of Care* - coordinated by the designated school professional (may be concussion contact or case manager)



# (a) 3) Plans of Care

Medical: a document outlining the accommodations a student may need to address the medical symptoms they are experiencing following a concussion

Educational: a document to address the academic and/or functional difficulties a student may experience while recovering from a concussion



# (a) 3) What does an Educational Plan of Care look like?

<b>Problem</b>	<b>Accommodation</b>	<b>Responsible Party</b>
Specific problems are listed under four general categories: <ul style="list-style-type: none"><li>•Activity</li><li>•Sensory</li><li>•Emotional</li><li>•Cognitive</li></ul>	Specific accommodations are listed under the four general categories	Lists who will be responsible for implementing the accommodations



# (a) 3) Developing an Educational Plan of Care

1. Discuss the symptoms the student is experiencing in each of the four general area
2. Determine which accommodations the student will be provided
3. Determine who will be responsible for implementation of each support/accommodation





## (a) 3) Available Resources

- Neurocognitive evaluation, or doctor's note, listing recommended accommodations
- Parent report
- Teacher report
- Student report
- Information from nurse, coach, or school psychologist



## (a) 3) After Plan is Developed

- Give a copy of the plan to the parent(s)
- Make sure all teachers are aware of the plan
- If the plan crosses semesters, make sure to inform the new teachers of the Educational Plan of Care
- If appropriate, make sure student is aware of plan and has steps to advocate for him/herself




# (a) 4) Delineate Safe Return to Learn

*The plan must include:*

delineation of requirements for safe return-to-learn or play following concussion.

RETURN TO SPORTS

PLEASE NOTE 

1. Athletes are not allowed return to practice or play the same day that their head injury occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms.
3. Athletes, be sure that your coach and /or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician.



# (a) 4) Monitoring Plans of Care

- This plan is reviewed as often as necessary



# (b) Team of Professionals

## Concussion Contact -

- Receive all notifications of concussion
- Assign case managers (if applicable)
- Send “Notification” email
- Follow-up with case managers as needed to insure integrity of process



## (b) Team of Professionals

### Case Manager –

- Follow up with parent as needed to insure student's needs are being addressed
- Coordinate the development and follow-up of an Educational Plan of Care



## (b) Team of Professionals

### Parent -

- Provide medical documentation to case manager and/or school nurse
- Participate in developing in the Medical and/or Educational Plans of Care
- Provide updates from physicians
- Notify school case manager if changes in behavior or school performance are noted



## (b) Team of Professionals

### Teachers –

- Implement needed adjustments outlined in initial email
- Alert parent and case manager to any concerns regarding behavior or school performance
- Participate in development of the Educational Plan of Care
- Provide accommodations as outlined in the Educational/Medical Plan of Care





## (b) Team of Professionals

### Nurse –

- Contact parent and provide educational materials per nursing guidelines
- Complete nursing assessments
- Coordinate development and follow-up of Medical Plan of Care



## (b) Team of Professionals

### School Psychologist –

- Participate in the Educational Plan of Care development as needed
- Consult with district level DPI TBI Approved Providers, as necessary



## (b) Team of Professionals

### Coaches/Athletic Trainers/Sports Safety Technicians –

- Follow concussion notification process and return to play protocols
- Participate in development of Educational/Medical Plans of Care, as needed



# Resources

- [State Board of Education Policy HRS-E-001 Return to Learn After Concussion](#)
- [Return to Learn After Concussion - Guidelines for Implementation](#)



# Implementation Guide

- Step-by-step instructions to access it:
  - Go to <http://www.ncpublicschools.org/>
  - Go to “Departments” drop down and click on [Healthy Schools](#)
  - On left side of page, click on State Board/Legislation
    - Open [State Board](#)
    - Implementation Guide will be posted here



