

Concussion Management Policy

St. Mary Magdalene Catholic School is committed to meeting the educational needs as well as providing a nurturing and safe environment for students. **A “Return to Learn: Academic Accommodation Plan” must be completed by a licensed medical provider following a concussion to inform the school of specific accommodations that a student will need to promote recovery.** Most students with a concussion will recover within the first three weeks. Some students take longer to recover than others. StMM is committed to working in cooperation with parents, students, and physicians to promote recovery. If necessary, the school team (principal, assistant principal, counselor, school health aide, teachers, parents and students) will meet to discuss any academic accommodations necessary to promote recovery and how these will be applied in the student’s classes. The focus on concussion management will be to provide a consistent response by StMM Catholic School personnel to care for any student who has experienced a concussion during school athletic events or a student (non-athlete) who has experienced a concussion at home or at school.

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

Any student observed or suspected of having a bump, blow, or jolt to the head or blow to the body, should be accompanied to the school health aide for further assessment.

If a suspected head injury occurs during school hours, the school health aide should:

- Assess the student, utilizing the School Health Concussion Sign/Symptom Checklist (derived from the CDC website). If applicable, initiate emergency care for the student.
- Attempt to call parent and notify of the injury and notify via RenWeb.
- Send CDC Parent Concussion Information home with student or email link to parent/guardian. www.cdc.gov/Concussion
- Contact 911, if needed.

Phase 1- Home Care

- Student at home per doctor’s order.
- Parent notifies school of concussion.

- To initiate the Return-to-Learn Protocol, the student must be evaluated by a licensed healthcare professional and documentation must be provided to the school.
- Parent/student brings the note from the medical provider to the school health aide. (Teachers and other school staff should submit any notifications about a student with a concussion to the health aide ASAP so that appropriate accommodations can be implemented without delay.)
- School health aide will scan and email teachers, assistant principal, school counselor and other appropriate personnel the medical provider's academic accommodation.

Phase 2 - Students Returning to the Classroom After Suffering a Concussion

- The student's homeroom teacher will be in charge of contacting parents regarding ALL academic matters.
- The homeroom teacher along with the health aide will also be responsible for keeping all teachers updated regarding the student's medical progress, current accommodations and any issues regarding the student's concussion protocol.
- Determining "how much is too much" should be determined by the health care professional.
- The student should report to their homeroom teacher and health aide any changes or updates from the attending health care professional in order to monitor symptoms and assess how the student is tolerating the accommodations.
- As the student's recovery progresses through the outlined phases, teachers should be prepared to apply "mastery learning" criteria within their subject matter. By identifying essential academic work, teachers can facilitate recovery by reducing the student's anxiety levels related to perceived volume of work that will be required once he/she is medically cleared to resume a full academic load.
- No physical activity- this includes anything that increases the heart rate as this may worsen symptoms.
- Teachers will provide students with copies of class notes (teacher or student generated).

Phase 3 - Re-Introduction to School

- Avoid settings and tasks that trigger or worsen symptoms.
- In the first few days of returning to school, the goal is not to immediately start catching up on the missed work or learn new material. Rather the initial goal is simply to make sure the student can tolerate the school environment without worsening symptoms. This means the first few days often include just sitting in class and listening (no note-taking or reading). Once the student can tolerate this, he/she can try short intervals (15-20 minutes) of cognitive work per class.
- Intervention Examples:
 - Part-time school attendance, with focus on the core/essential subjects and/or those which do not trigger symptoms; prioritize what classes should be attended and how often.

- Half-days, alternating morning and afternoon classes every other day; or
 - Attending every other class with rest in the health aide's office, library or quiet location in between.
- Symptoms reported by the student should be addressed with specific accommodations.
- Eliminate busy-work or non-essential assignments or classes.
- Limit or eliminate "screen time" (computers, phones, tablets, smart boards), reading and other visual stimuli, based on the student's symptoms.
- Provide student with copies of class notes (teacher or student generated).
- No tests or quizzes during this phase.
- Homework load based on symptoms. There should be no due dates on homework assignments. This allows students to work at a pace that does not exacerbate symptoms and reduces their anxiety about completing the assignments. Many students have heightened anxiety during concussion recovery and due dates exacerbate this.
- Allow student to leave class 5 minutes early to avoid noisy, crowded hallways between class changes.
- No physical activity including gym/recess or participation in athletics per orders of the licensed medical provider.
 - If this phase becomes prolonged and/or the student is unable to tolerate the school environment or do any work for even short periods of time, a tutor can/may be recommended (at home) to implement oral learning at a pace that does not worsen symptoms. A tutor can also help students organize their work and plan how they will spend their limited time studying (i.e. which assignment should I do first, second, third, etc.), as many students are unable to do this basic "executive function" task during concussion recovery.
- If student has not been released to normal activity by the 21st day a school team meeting will be scheduled. Those in attendance may include but not limited to principal, assistant principal, teachers, counselor, school health aide, parent and student. Close monitoring will be the responsibility of the homeroom teacher and school counselor if symptoms are not improving after the 21st day.
- In this meeting a review of the student's ongoing symptoms, emotional functioning, and behavior across all school settings and needed accommodations as well as academic progress will be reviewed with solutions and alterations to be made with approval of administration. If necessary, a designated person will contact the medical provider to provide and receive feedback in order to share necessary information to work towards the student's recovery.
- The physical and academic accommodations must be renewed, at minimum, every 21 days by a licensed medical provider.

Phase 4- Full-Day Attendance with Accommodations

- Symptom Severity: In this phase, the student's symptoms are decreased in both number and severity. They may have intervals during the day when they are symptom-free. Symptoms may still be exacerbated by certain activities.
- Treatment: As the student improves, gradually increase demands on the brain by increasing the amount, length of time, and difficulty of academic requirements, as long as this does not worsen symptoms.
- Intervention Examples: - Continue to prioritize assignments, tests and projects; limit students to one test per day with extra time to complete tests to allow for breaks as needed based on symptom severity.
- Continue to prioritize in-class learning; minimize overall workload.
- Gradually increase amount of homework.
- Reported symptoms should be addressed by specific accommodations; Accommodations are reduced or eliminated as symptoms resolve.
- No physical activity unless specifically prescribed by the student's physician or health care provider.
 - If the student has not resolved their symptoms after 4-6 weeks, health care providers will often prescribe light aerobic activity at a pace and duration below that which triggers symptoms. This sub-symptom threshold exercise training" has been shown to facilitate concussion recovery.
 - The student can do this at school in place of their regular PE class, by walking or jogging.
- No contact sports are allowed until the student is completely symptom-free with full days at school and no accommodations, and has received written clearance from a licensed health care professional.

Phase 5- Full-Day Attendance without Accommodations

- Symptom Severity: In this phase, the student may report no symptoms or may experience mild symptoms that are intermittent.
- Treatment: Accommodations are removed when student can participate fully in academic work at school and at home without triggering symptoms.
- Intervention Examples: - Construct a reasonable step-wise plan to complete missed academic work; an extended period of time is recommended in order to minimize stress.
- Physical activities as specified by student's physician.

Phase 6- Full School and Extracurricular Involvement

- Symptom Severity: No symptoms are present. Student is consistently tolerating full school days and typical academic load without triggering any symptoms.
- Treatment: No accommodations are needed.
- Interventions: - Before returning to physical education and/or sports, the student must receive written clearance by the licensed healthcare professional.

Responsibilities of the Parent/Guardian

- Provide medical information to School Health Aide/Counselor.
- Participate in development of Academic and/or Medical Plans of Care.
- Provide updates from doctors as needed.
- Notify School Counselor/Health Aide of any changes in behavior of student.
- Follow and monitor the medical provider's recommendations in regards to brain stimulating activities which may include: limited or no use of computers, cell phones, video games, television, etc. It is the parent's responsibility to monitor the time spent on homework and the computer.

Responsibilities of StMM Staff

Health Aide/Counselor

- Contact parent and provide CDC information.
- Complete an assessment.
- Coordinate development and follow-up of Medical Plan of Care with parents, student, doctor, teacher, etc. as needed.
- Contact medical provider if necessary.

Teachers

- Participate in development of Academic and/or Medical Plans of Care as requested.
- Provide accommodations as outlined in Academic and/or Medical Plans of Care.
- Notify School Counselor of any changes in behavior/academic progress of student.

Athletic Director, Coaches

- Follow Concussion Notification Process and Return to Play protocols.
- Participate in development of Academic and/or Medical Plans of Care as requested.

Parent Concussion Information Sheet

The goal of St. Mary Magdalene Catholic School is to meet the educational needs of our students as well as support a healthy recovery. A "Return to Learn: Academic Accommodation Plan" must be completed by a licensed medical provider following a concussion to inform the school of specific accommodations that your child will need to promote recovery.

Some accommodations that a medical provider may recommend but are not limited to, additional time to complete assignments, abbreviated assignments to promote learning while limiting mental exertion, modification of the way student mastery of information is measured (such as the testing schedule or format of testing), limited exposure to/use of technology and rest breaks (such as lunch in a room where noise and lights can be adjusted), no PE or recess until cleared by physician.

Taking part in extracurricular activities such as athletic practice or games, attending athletic events, dances, etc., will be determined by the medical providers recommendations.

The time immediately following a brain injury is crucial to a healthy recovery. As the school is offering academic adjustments to meet your child's educational needs, it is the expectation that your child is following the medical provider's recommendations in regards to brain stimulating activities which may include: limited or no use of computers, cell phones, video games, television, etc. It is your responsibility to monitor the time spent on homework and the computer.

Please be aware that if your child has not been released to normal activity by the 21st calendar day it may be necessary to schedule a school team (principal, assistant principal, health aide, teachers, school counselor, parent and student) meeting and for a designated person to contact the medical provider to provide and receive feedback. This meeting will provide the teachers, parent and student with the necessary information to implement a more detailed plan and/or schedule to work towards the student's recovery.

The physical and academic accommodations must be renewed, at minimum, every 21 days by a licensed medical provider. The school team will meet after the medical provider follow-up appointments to review the student's recovery, the updated medical information, and discuss any need for adjustments to the accommodations initially provided. These meetings will continue until the medical provider has released the student to fully "return to learn/return to play".

I have been provided the Parent Information Sheet on Concussions.

Parent/Guardian Signature: _____ **Date:** _____

References

- A. www.CDC.gov/concussion
- B. Returning to Learning Following a Concussion: Kelsey Logan, Council on Sports Medicine and Fitness and Council on School Health. *Pediatrics* 2013; 132;948; originally published online October 27, 2013.
- C. North Carolina School Health Manual
- D. Trinity School: Return to Learn After a Concussion Policy, April 27, 2016