



Brain**STEPS**

Strategies Teaching Educators, Parents, & Students
A BRAIN INJURY SCHOOL RE-ENTRY CONSULTING PROGRAM

Returning to School After Concussion: Recommended Protocol



Return to School Protocol: Purpose

A concussion is a mild form of traumatic brain injury (mTBI), caused by a bump, blow, or jolt to the head, which can induce an altered state, including physical and cognitive abilities. It may or may not include loss of consciousness; however, typically, there is no loss of consciousness. Concussion is a functional rather than a structural disturbance that may need short-term or long-term management. In the hours and days post-concussion, metabolic chemical changes take place within the brain at the cellular level, resulting in physical, cognitive, and/or emotional symptoms. Activities associated with academics can significantly increase symptoms, even when the student has begun to recover. Total cognitive and physical rest is typically recommended for the first several days to weeks. The effects of a concussion may linger for several months to a year or more.

The purpose of this *Return to School Protocol* is to assist local educational agencies (LEAs) in understanding the importance of monitoring a student's return to academics following a concussion. The *Return to School Protocol* is voluntary and may be used at the discretion of the LEA. A referral to the BrainSTEPS Program should be made if a student is 4 weeks post-concussion and is still experiencing symptoms, or if the student's classroom performance or attendance has been impacted. Referrals to BrainSTEPS can be made earlier if:

- ▶ A student has a concussion that is not progressively resolving during the first few weeks, or
- ▶ A student has a history of any of the following "concussion modifiers":
 - Past concussion(s)
 - Migraine headaches
 - Depression or other mental health issues
 - Attention deficit hyperactivity disorder (ADHD)
 - A learning disability
 - Sleep disorders

BrainSTEPS can:

- ▶ Assist with implementation of the *Return to School Protocol*
- ▶ Train staff at the district, school or classroom level on the effects of concussion
- ▶ Provide consultation to school personnel and parents for referred students at 4 weeks post-concussion, or earlier if needed
- ▶ Provide symptom specific educational accommodations utilizing the *Brain Injury Supports Framework*
- ▶ Assist in ongoing monitoring of symptoms and accommodations until the concussion resolves
- ▶ Facilitate communication between family, student, medical, and educational entities

All students who experience a concussion should be medically evaluated and should follow the treatment recommended by a medical professional with experience in managing concussions.

LEAs utilizing this voluntary *Return to School Protocol* are asked to designate two individuals at either the district or individual school building level who will agree to monitor the student and the resulting educational impact on the student after the concussion. These two individuals will serve as the Concussion Management Team (CMT). The CMT is comprised of individuals who can serve as the Academic Monitor and the Symptom Monitor. Together, the CMT will promote information flow between the school team, family, student, and physician.

Initial 4 Weeks Post-Concussion: LEA Responsibilities

1. The LEA learns that a student has sustained a concussion.
2. The Concussion Management Team (CMT) is notified.
3. The CMT notifies the student's educators, alerting them of the concussion and the student's need for rest and academic accommodations. The CMT will:

- Share the physician’s instructions with relevant school staff, as well as recommendations provided by the parents
 - Include the student’s specific symptoms, along with adjustments/accommodations to alleviate exacerbating symptoms
 - Notify the coach, the athletic director, and the athletic trainer, if the student is an athlete
 - Provide notification to appropriate school staff that the student should be excused from physical education class, sports, and physical activity during recess until cleared
4. The CMT’s Symptom Monitor will utilize the *BrainSTEPS Student Symptom Severity Monitoring Checklist* to monitor the student’s physical, thinking/remembering, and emotional symptoms. Symptoms should be monitored via student interview 3 to 5 days per week for the first 2 weeks, and then 2 to 3 days per week during weeks 3 and 4.
 5. The CMT’s Academic Monitor will monitor the student’s weekly performance, both academically and behaviorally, by having all relevant teaching staff complete the *BrainSTEPS Academic Monitoring Form* at the conclusion of each week until symptoms resolve.
 6. Weekly, the Academic Monitor and Symptom Monitor will meet to review results of the *Symptom Severity Monitoring Checklist and the Academic Monitoring Tool*, to determine whether further accommodations should be made during the initial 4 weeks or if the concussion symptoms and impacts have resolved and CMT monitoring and accommodations are no longer needed. Weekly results will be shared with the student’s teachers, related professionals, and parents/guardians.
 - Parents/guardians should be involved in providing input on symptoms occurring at home.
 - Accommodations for classwork should be provided until all symptoms resolve. Physical symptoms (e.g., headache, dizziness, light/noise sensitivity) may

heal faster than cognitive symptoms (e.g., attention, memory, concentration)

7. It is recommended that the CMT offer support and educational resources to the student’s parents. One such resource is:

The Centers for Disease Control and Prevention: www.cdc.gov
(Type “concussion” in the search box.)

At 4 Weeks Post-Concussion: BrainSTEPS Referral

1. If the student remains symptomatic and/or there has been a notable change in student performance or attendance, the Concussion Management Team (CMT) will initiate a formal referral to the BrainSTEPS Program by visiting the BrainSTEPS website (www.brainsteps.net) to locate the correct consulting team by county.
2. BrainSTEPS will conduct student specific concussion training for relevant school staff, parents/guardians, and student.
3. The CMT will schedule a *BrainSTEPS Brain Injury Supports Framework* meeting, including all relevant parties (school team, parent/guardian, student, BrainSTEPS).
4. BrainSTEPS will partner with the CMT, school team, parent/guardian, and student to create an individualized *BrainSTEPS Brain Injury Supports Framework* during this meeting.
 - Results from all weekly *BrainSTEPS Academic Monitoring Tools* collected by the Academic Monitor to date will be shared with BrainSTEPS prior to the meeting.
 - Results from all weekly *BrainSTEPS Student Symptom Severity Monitoring Checklists* collected by the Symptom Monitor to date and any physician medical instructions will be shared with BrainSTEPS prior to the meeting.
 - During the initial BrainSTEPS Brain Injury Supports Meeting, a follow-up meeting within 1 month will be scheduled to review, modify, continue, or conclude accommodations.

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- The Academic Monitor will provide a final copy of the *BrainSTEPS Brain Injury Supports Framework* to relevant school staff and parents/guardians.
 - If the student is receiving homebound instruction, the *BrainSTEPS Brain Injury Supports Framework* should be shared with the teachers assigning and providing homebound instruction.
5. The Symptom Monitor will continue to monitor the student's symptoms 2 to 3 days per week using the *BrainSTEPS Student Symptom Severity Monitoring Checklist*. The Symptom Monitor will provide copies of the *Monitoring Checklist* to BrainSTEPS prior to any formal review of the *BrainSTEPS Brain Injury Supports Framework*.
 6. The Academic Monitor will continue to monitor the student's academics weekly using the *BrainSTEPS Academic Monitoring Tool*. The Academic Monitor will provide copies of the *Academic Monitoring Tool* to BrainSTEPS prior to any formal review of the *BrainSTEPS Brain Injury Supports Framework*.
 - The Academic Monitor will provide a final copy of the *BrainSTEPS Brain Injury Supports Framework* to relevant school staff and parents each time it is modified.

4-8 Weeks Post-Concussion if Symptoms Persist

1. If the student continues to be symptomatic, the Concussion Management Team, BrainSTEPS, and school personnel should consider whether the student's academic or behavioral needs warrant ongoing adjustments and accommodations, or if an evaluation should be conducted by the LEA to determine the need for more formal intensive accommodations and/or modifications.

2. If a referral for a multipurpose evaluation is not deemed necessary, then continued monitoring by the CMT and monthly review of the Brain injury Support Framework, in partnership with BrainSTEPS, will continue.
3. If further formal educational supports are thought to be necessary, a referral for a multipurpose evaluation should be made to the appropriate individual at the district level.

4-8 Weeks Post-Concussion if Symptoms Resolve

1. BrainSTEPS will work with the Concussion Management Team (CMT), school team, parent/guardian, and student to determine appropriate accommodations and modifications until the symptoms impacting education resolve. Resolution of symptoms could take weeks, months, and in some cases symptoms may last a lifetime.
2. If the symptoms impacting education completely resolve, there should be a meeting held by the LEA to conclude the implementation of the *BrainSTEPS Brain Injury Supports Framework* or more formal accommodation agreement.
 - CMT monitoring will conclude.
 - All relevant school staff, as well as the student and the student's parent/guardian will be notified by the LEA.
3. The LEA will ensure that the concussion has been noted in the student's educational record on file with the district.

For more information about BrainSTEPS contact:

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