



DISTRICT CONCUSSION GUIDELINES

A. Document and Respond to Head Injury Occurring at School

- Staff to document the injury: what occurred, symptoms or signs of concussion; witnesses of injury
- Student to cease play and be referred to medical care; Nurse or other staff member to call parent
- Use of “Referral for Concussion” form by nurse or staff witnessing event is encouraged
- May also send “Return to Learn for MD” and “Return to Play” forms for physicians to complete at this time

B. “Return to Learn” Protocol

Step 1: School nurse established as liaison between student’s doctors and school staff

- If injury occurred outside of school, then parents and student’s doctor are responsible for notifying school nurse
- If injury occurred in school, then all school staff are responsible for notifying school nurse (coach, athletic trainer, health tech, PE and other teachers, administrators, etc)

Step 2: School nurse obtains full history; Initiates exchange of information

- For any out of school injury, the nurse obtains a history from the parent and medical providers; For any in-school injury, that history is obtained from staff who observed that activity or period.
- School nurse identifies physician managing student’s post-concussion care (e.g., primary care doctor, rehabilitation physician, neurologist, etc)
- School nurse sends “Return to Learn” and “Return to Play” forms to be completed by doctor (as well as parent release to exchange information), if not already done.

School responsibility when there is no doctor managing student’s care or the student’s own doctor refutes the diagnosis of concussion, despite symptoms witnessed by school staff:

- If no doctor has examined the student or observations of symptoms or signs of concussion are not validated by the child’s doctor,, then until that has occurred, schools will abide by the minimum standard management for suspected concussion: (a) student will stay home and rest on the day following concussion; (b) student may return to school for a half-day on the second day after a concussion, with staff instructed to observe for symptoms; (c) student may return to full education thereafter, as tolerated; (d) teachers must lighten class/education activities (as per Return to Learn form); (e) student may return to physical activity more strenuous than walking for 15 minutes, but not at a pace that exceeds directives on the District “Return to Play” form.
- Referral to a doctor should be considered by school health team (e.g., nurse, athletic trainer)

Step 3: School nurse as liaison to school personnel

- School nurse notifies staff (teaching, PE, athletic, others) about concussion and to observe/report potential symptoms; school nurse distributes information received from managing physician
- If student experiences symptoms in class or between classes, consider convening a meeting of a “Student Study Team” (or Problem Solving Team, Return to Intervention Team) to include the following people: school nurse, administrator, student’s teachers, counselor, psychologist; Invite parent and athletics staff; Consider (based on symptoms): speech therapist, site special education representative, special educator with expertise in physical health impairments (i.e., brain injury)
- Establish point communication persons for: student at school, school-to-parent, school-to-physician
- School nurse must remind teachers to modify workload as per “Return to Learn” plan, using information from : teachers’ observations, student self-report, physician and parent guidance.

- Extracurricular activities (theater, clubs etc) to be treated same as curricular activities
- If symptoms anticipated to be fewer than a couple of months, use ISHP (Individualized Student Health Plan) format; Consider “contract” homework with modified expectations
- If symptoms anticipated to be more than a few months, consider convening a 504 Team
- If student cannot attend school at all, consider homebound education or “on-a-contract” homework

Step 4: School communication with managing physician and parent

- All staff to document the following, to be communicated by school liaison:
 - Symptoms/signs noted in school and what exacerbates the symptoms in school (see optional form available on District web site. “Daily School Checklist of Concussion Symptoms”)
 - Difficulty noted in any select subjects
 - Student adherence to school and physician recommendations
 - Attendance record, time arriving in school, time leaving school
 - Number of breaks student required and the nature and duration of their effect
- School staff may opt to use the “Daily School Checklist of Concussion Symptoms” form as a checklist, to help them remember all elements of a student’s behavior that may be relevant to document

Step 5: Revisit and revise “Return to Learn” plan, as necessary

- Reconvene Student Study Team meeting, as necessary
- Change individualized health plan or 504, as necessary to reflect improving or worsening condition
- If symptoms persist for months, consider a special education referral (based on traumatic brain injury)

C. “Return to Play” Protocol

Background. California Education Code Section 49475 (and California Law AB-2127) require schools that offer athletic programs to:

- Recognize signs of concussion, immediately remove the athlete from the activity for the remainder of the day, and not permit the athlete to return to play until he or she receives written clearance to return by a licensed health care provider
- Each athlete shall complete a graduated return-to-play protocol of no less than seven days in duration, under the supervision of a licensed health care provider. According to this law, this provider must be a licensed medical doctor (M.D.) or doctor of osteopathy (D.O.).

Application of California Education Code 49475

- In this District, the graduated return-to-play protocol will apply not only to concussions sustained during a school athletic events, also to all concussions that occurred at school (athletics, physical education, other activity) and concussions that occurred outside of school.

1. Send “Return to Play” Progression form to student’s physician

- Schools may accept the district’s own form or the C.I.F form and other forms designed to be specific to a certain sports (eg, football, soccer), or other forms, as long as they do not permit return to play earlier than the district’s own form.

2. If no doctor is reached, use District’s “Return to Play” protocol in the interim

- Progression is adapted from the *International Concussion Consensus Guidelines* and *Centers for Disease Control and Prevention*. Summary is described in Steps 1-5, below
- A student’s licensed medical provider may recommend more restrictions, but not fewer restrictions
- If student’s medical provider recommends fewer restrictions than Step 1-5 (below), refer this to the school nurse or school physician who can communicate with the medical provider.
- Each student must be kept from any exertive activity beyond 15 minutes of walking (Step 1) for the first and second day after the concussion or suspected

Progression for Physical Activity Cannot Exceed Following Steps:

- Step 1. Light aerobic activity for 5-10 minutes that is designed to increase the student's heart rate (e.g., exercise bike, walking, light jog); No weight lifting, jumping or hard running. As student will be resting at home at least 24 hours after head injury with symptoms of concussion, do not start Step 1 until at least 48 hours after concussion.
- Step 2. Moderate activity, with limited body and head movement. May go beyond 10 minutes, but be reduced from typical routine for age (e.g., moderate jogging, brief running, moderate-intensity stationary biking, and moderate intensity weightlifting).
- Step 3. Heavy, non-contact activity that is designed to be more intense than Step 2 (closer to what would be in student's typical routine), but non-contact. (e.g., running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills). At this stage, some cognitive component to practice may be added.
- Step 4. Full contact and full activity, but in practices only, not competition.

Reach doctor for confirmation before progressing to Step 5

- Step 5. Return to competition

Progression: No student is permitted to move from one step to the next, unless there has been an absence of worsening symptoms/signs and an absence of new symptoms/signs with the activity.*

- a) School staff will document performance in each step and report this to school nurse, who may communicate with student's doctor, as necessary.
- b) Only one step may be passed per day (longer if prescribed). If physical activity does not worsen existing symptoms or cause new symptoms, a student may progress through the stages, up until and including stage 3 (i.e., no contact). Progression with existing symptoms requires clearance by a doctor.
- c) If symptoms worsen at any stage: (i) stop physical activity for day; (ii) withhold activity until new symptoms are absent for 24 hours; (iii) notify parent and involved school staff (e.g, coach, school nurse); (iv) return to previously passed stage where symptoms had not recurred.
- d) On weekends and days where there is no trained school staff member or physician to document successful from one step to the next, school may take parent and student history
- e) If a student fails to achieve any step on three occasions, consider referring the student to the managing physician with this information
- f) If a student has any post-concussion symptoms, whether static or worsening, do not go beyond Step 3 (i.e., no contact sports; no competition).

*Symptoms and signs are one or more of the following: headache, nausea, vomiting, balance problems, dizziness, fatigue, trouble falling asleep, sleeping more than usual, sleeping less than usual, drowsiness, light sensitivity, noise sensitivity, irritability, sadness, nervousness, feeling more emotional, numbness or tingling, feeling slowed down, feeling mentally foggy, difficulty concentrating, difficulty remembering, visual problems.