



<i>The Classical Academy</i>	<i>Policies and Procedures</i>
Policy Name:	Return To Play and Return to Learn Following a Concussion/Mild Traumatic Brain Injury
Policy Number:	EAA-TCA
Original Date:	11/1/2012
Last Reviewed:	2/8/2013
Category:	Student
Author:	Student Support Services
Cabinet Approval:	Director of Academic Services

INTRODUCTION

Following a concussion or mild Traumatic Brain Injury (TBI), a healthcare professional will recommend cognitive and physical rest. Both are required for the brain to heal. Complete rest is typically needed within the first 1 to 5 days following a concussion.

TCA acknowledges every concussion is different and every student’s recovery from a concussion is different. A few students will immediately return to school, most will require 2 to 3 days of complete rest before returning to school. For some, a longer rest period is required.

When students return to school and dependent upon the severity of the symptoms, learning accommodations may be necessary until symptoms have cleared. TCA recognizes the need for students to have complete cognitive rest – not just a postponement of school-work.

Guidance for all decisions related to the support of students with a diagnosed concussion/mild Traumatic Brain Injury will be sought from the Colorado Department of Education *Brain Injury in Children and Youth: A Manual for Educators* (2011).

TCA will adhere to the following Return to Play and Return to Learn plans that both involve a stepped progression of increased activity and academics as symptoms reside. The healing process is not linear, predictable, nor universal so the Concussion Management Team will closely monitor and communication progress. Communication from the student and his or her parent(s) is a necessary, essential element of both the Return to Play and the Return to Learn process. TCA requests parents keep the Concussion Management Team informed of any and all updated medical information as it pertains to the concussion.

Policy Revision History

Date	Revision Details	Revised By
2/8/2013	Reformatted policy into new template. Completed annual review and policy update.	Concussion Management Team

HEAD INJURY INFORMATION SHEET

Name: _____

Date: _____

Time of Injury: _____

This is a form providing information for the safety of your student-athlete concerning head injuries and the symptoms associated with them. Quite often, signs or symptoms of head injury do not appear immediately after trauma, but hours after the injury. The purpose of the fact sheet is to alert you to the symptoms of significant head injuries. If the individual in question experiences one or more of the following signs or symptoms after sustaining a head injury, medical help should be sought through your family team physician or an emergency room.

SIGNS AND SYMPTOMS:

1. Severe headache, particularly at a specific location.
2. Difficulty remembering recent events or meaningful facts.
3. Mental confusion or strangeness.
4. Bleeding or clear fluid dripping from the ears and nose.
5. Dizziness, poor balance or unsteadiness.
6. Weakness in either arms or legs.
7. Abnormal drowsiness or sleepiness.
8. Convulsions.
9. Unequal pupils.
10. Persistent ringing of the ears.
11. Slurring of speech.
12. Nausea or vomiting.
13. Blurred or double-vision.

Other Instructions:

1. Do not have an athlete take any medications in the initial 24 hours, unless directed to do so by a physician.
2. Even if mild symptoms persist without improvement 24 to 48 hours after a head injury, a physician evaluation should be sought.
3. If at any time there is a question of the well-being of the athlete, seek medical attention immediately.

Athletic Trainer Signature & Date

Parent Signature & Date

Date: _____

Dear Physician,

I am writing to inform you that The Classical Academy student-athlete _____ has suffered a head injury and to make you aware of the protocols we adhere to regarding return to participation in athletics.

In order to ensure that all student-athletes return to their sports safely, The Classical Academy adheres to the following graduated return to athletics participation protocols consistent with the recommendations of the National Athletic Trainers Association and the National Federation of State High School Associations.

Step 1: No physical activity, generous rest until symptom free, this may need to include mental rest if symptoms are severe (e.g. school, video games, etc.).

Step 2: Once the athlete is asymptomatic and provides a physician's written statement supporting return to athletics participation, the athlete may begin low level/light aerobic activities such as stationary bike and very light weight lifting (no more than 30 minutes).

Step 3: Moderate exertion, sport-specific training without pads (running, skating, jump shots, shots on goal, etc.).

Step 4: Heavy exertion, non-contact drills specific to sport.

Step 5: Full contact in practice setting, scrimmage.

Step 6: Full athletics participation to include game-level activity and competition.

**Please note that an athlete must remain asymptomatic to progress to the next level. If symptoms recur, the athlete must return to the previous level.*

Please feel free to contact with me with any questions or concerns you may have regarding this situation.

Sincerely,

Jenni Cyphers, ATC
Cell: (719) 232-6418
Work: (719) 484-0095 (Activities Office)
Work: (719) 484-0081 ext. 2273
Email: jcyphers1@asd20.org

Physician's Return to Athletic Participation Statement

Please check the appropriate statement(s) for student-athlete _____ regarding his/her return to athletics participation.

- This student-athlete must be seen again by a physician in order to be cleared for competition.
- This student-athlete may return to competition when he/she has completed the progressive return to athletics participation protocols and has remained symptom free through each step.
- Other – please explain _____

Physician's Signature _____ Date _____

Concussion – Return to Learn

	Action	Policy	Who?	Timeline	
Use Concussion Return to Learn Tracking Log to document this process	Concussion Occurs	<ul style="list-style-type: none"> • Communication to CMT • Gather baseline academic info 	<ul style="list-style-type: none"> • Anyone, but generally Trainer, Nurse, or Teacher 	0-2 days	Timeline and accommodations are guidelines and may change based on data and/or new information provided
	Needs Assessment	<ul style="list-style-type: none"> • Interview Student and Parents • Contact Healthcare provider—Need ROI 	<ul style="list-style-type: none"> • Psych or Counselor • Nurse 	0-3 Days	
	Intervention	<ul style="list-style-type: none"> • Contact Teachers • Encourage Teachers to communicate with parents • Implement Accommodations 	<ul style="list-style-type: none"> • Psych/Counselor • Psych/Counselor • Teachers 	0-3 weeks	
	Monitor/Adjust	<ul style="list-style-type: none"> • Weekly Academic Checks • Call Parents at end of 3 weeks • Check in with student at end of 3 weeks • Medical Follow up 	<ul style="list-style-type: none"> • Student Support Services • Counselor/Psych • Counselor/Psych • Nurse 	3 weeks	
	Accommodations assessment by CMT	<ul style="list-style-type: none"> • Adjust accommodations • Consider what plan to implement (504, RTI, Special Education Eval.) 	<ul style="list-style-type: none"> • Concussion Management Team 	6 weeks	
	Exit or Continue with plan	<ul style="list-style-type: none"> • Accommodations no longer needed • Medically Cleared • Continued Accommodations • Plan Implementation 	<ul style="list-style-type: none"> • Psych/Counselor • Nurse/A.T/Dr. • Concussion Management Team 	6+ weeks	

Concussion Return to Learn Tracking Form

Student/Grade: _____ **Date of Concussion:** _____

Case Manager: _____

Contacted Student (Date): _____

Contacted Parents (Date): _____

(Notes)

(Notes)

Contacted Teachers (Date): _____

(Provide Initial Accommodations. Check recommended accommodations)

- | | |
|---|--|
| <input type="checkbox"/> Extended Time on tests/quizzes | <input type="checkbox"/> 50% homework |
| <input type="checkbox"/> Copies of Notes | <input type="checkbox"/> Health room/counselor as needed |
| <input type="checkbox"/> Exempt Assignments if absent | <input type="checkbox"/> Adjusted due dates |
| <input type="checkbox"/> Reduced and/or Exempt Reading | <input type="checkbox"/> Exempt work which requires a computer |
| <input type="checkbox"/> Chunk assignments | <input type="checkbox"/> Alternate location for tests |

Academic Records Review (Date): _____

	English	Math	History	Science	Foreign Language
Test Ave					
Missing					
Late					
Grade					

TCAPs	Math	Science	Reading	Writing

Contact Student Support Services to begin weekly grade check (Date): _____

Medical Follow up by nurse (Date): _____

THREE WEEK FOLLOW UP Cleared? : **Y** **N** Date: _____

Contacted Student (Date): _____

Contacted Parents (Date): _____

(Notes)

(Notes)

Increase/Decrease Accommodations

Contacted Teachers (Date): _____

(Notes)

SIX WEEK FOLLOW UP Cleared? : **Y** **N** Date: _____

If not cleared, discuss at SSS team meeting and consider following plan:

- 504
- IEP
- RTI