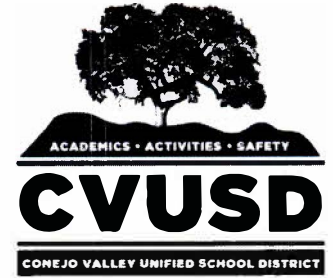


Office of Student Support Services

1400 E. Janss Rd.
Thousand Oaks, CA 91362
(805) 497-9511



Return-to-Learn Guidance
(For students requiring informal academic accommodations)

CONCUSSION FOLLOW-UP PROTOCOL

- A. Responsibilities of designated school personnel after notification of a student concussion
1. The student will be instructed to report to the school health clerk upon his or her return to school:
 - a. If no previous documentation of concussion was received, school personnel will contact parent and provide *Acute Concussion Evaluation (ACE)* form to student/parent.
 - b. Upon receipt of documentation of concussion signed by a medical professional, school personnel will immediately notify the student's counselor / teachers of the injury and provide teachers with *Concussion ABCs* document.
 2. Calendar SST meeting to be held within 14 days of receipt of documented concussion.
 3. Communicate with appropriate site or district personnel until the student has returned to full health (either via medical clearance or staff reports).

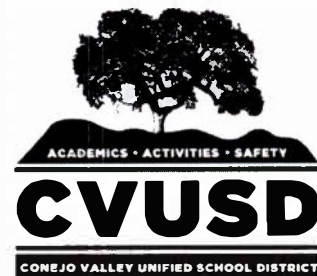
INFORMAL ACADEMIC ACCOMMODATIONS

- A. Implement informal accommodations per medical documentation. If accommodations cannot be implemented as recommended, either provide an equivalent accommodation or request that parent sign the *Authorization for Use and/or Disclosure of Medical and/or Educational Information* form, for the purpose of communicating and collaborating with medical professionals.
- B. If concussion symptoms are no longer evidenced and/or medical documentation expires AND the student demonstrates typical academic performance, the SST meeting can be cancelled.
- C. If concussion symptoms persist beyond 14 days, Student Study Team (SST) will be convened. Parent will be informed and will be provided an opportunity to present updated medical documentation to school personnel. If no additional medical documentation is provided, the school may continue to implement informal accommodations as necessary, utilizing the *CVUSD Return-to-Learn Framework (Phases 3-5 only)*.
- D. If symptoms persist beyond 30 days, Student Study Team (SST) will be reconvened to consider 504 evaluation. Parent will be informed and will be provided an opportunity to present updated medical documentation to school personnel. The Site 504 Coordinator will follow CVUSD policies and protocols relating to 504 plan consideration.

**** School personnel are encouraged to coordinate with District 504 Compliance Officer, school psychologist, and/or school nurse throughout this process****

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Return-to-Learn Framework

(Phases 1 - 2 require medical documentation)

Phase 1: No school

- Symptom: In this phase, the student may have a high level of symptoms that prevent him or her from being able to benefit from being in school. Physical symptoms tend to be the most prominent and interfere with even basic tasks.
- Treatment: The student should rest the brain and body as much as possible.
- Interventions:
 - No school
 - No activities that exacerbate symptoms, such as television, video games, computer use, texting or loud music
 - Avoid “triggers” that worsen symptoms – noted and avoided to help promote healing
 - No physical activity, which includes anything that increases the heart rate, such as (but not limited to): Weightlifting, sport practices and games, gym class, running, stationary biking, push-ups, sit-ups, etc.

Phase 2: Half-day attendance with accommodations

- Symptom Severity: In this phase, the student’s symptoms have decreased to manageable levels. Symptoms may be exacerbated by certain mental activities that are complex, difficult and/or have a long duration.
- Treatment: Balance rest with gradual re-introduction to school. Avoid tasks that produce, worsen or increase symptoms.
- Interventions:
 - Part-day school attendance, with focus on the core subjects; prioritize what classes should be attended and how often
 - Address symptoms reported by student with specific accommodations
 - Eliminate busy work or items not essential to learning priority material
 - Emphasis in this phase on in-school learning; rest is necessary once out of school; homework reduced or eliminated
 - No physical activity

(Phases 3 - 5 do not require medical documentation)

Phase 3: Full-day attendance with accommodations

- Symptom Severity: In this phase, the student’s symptoms have decreased in both number and severity. Symptoms may still be exacerbated by certain activities, but short time spans with known symptom triggers do not have drastic effects on symptom levels.
- Treatment: As the student improves, gradually increase demands on the brain by increasing the amount of work, length of time spent on the work, and the type or difficulty of work.
- Interventions:
 - Continue to prioritize assignments, tests and projects
 - Continue to prioritize in-class learning material; minimize workload
 - Gradually increase academic expectations
 - Reduced or eliminate accommodations as symptoms wane and resolve
 - No physical activity until released by a medical professional.

Phase 4: Full-day attendance without accommodations

- Symptom Severity: In this phase, the student may not have any symptoms or may have mild symptoms that are often intermittent.
- Treatment: Accommodations are removed when student can function fully without them.
- Interventions:
 - Construct a plan to finish completing missed academic work and keep stress levels low.
 - No physical activity until released by a medical professional.

Phase 5: Full school and extracurricular involvement

- Symptom Severity: No symptoms are present.
- Treatment: No accommodations are needed.
- Interventions: Before returning to gym class, weightlifting and/or sports, the student should complete the gradual return-to-play progression as indicated by the medical professional.

ACUTE CONCUSSION EVALUATION (ACE)

CARE PLAN

Gerard Gioia, PhD¹ & Micky Collins, PhD²
¹Children's National Medical Center
²University of Pittsburgh Medical Center

Patient Name: _____
DOB: _____ Age: _____
Date: _____ ID/MR# _____
Date of Injury: _____

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

Today the following symptoms are present (circle or check).				_____ No reported symptoms
Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following			
Headaches that <u>worsen</u>	Look <u>very</u> drowsy, can't be awakened	Can't <u>recognize</u> people or places	Unusual behavior change
Seizures	<u>Repeated</u> vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.**
 - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
 - Thinking and concentration activities (e.g., homework, classwork load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to main appropriate blood sugar levels.
5. **As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.**
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

Returning to School

1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. School personnel should be instructed to watch for:
 - Increased problems paying attention or concentrating
 - Increased problems remembering or learning new information
 - Longer time needed to complete tasks or assignments
 - Greater irritability, less able to cope with stress
 - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

~Continued on back page~

SCHOOL VERSION

Returning to School (Continued)

Until you (or your child) have fully recovered, the following supports are recommended: (check all that apply)

- No return to school. Return on (date) _____
- Return to school with following supports. Review on (date) _____
- Shortened day. Recommend ___ hours per day until (date) _____
- Shortened classes (i.e., rest breaks during classes). Maximum class length: _____ minutes.
- Allow extra time to complete coursework/assignments and tests.
- Lessen homework load by ____%. Maximum length of nightly homework: _____ minutes.
- No significant classroom or standardized testing at this time.
- Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.
- Request meeting of 504 or School Management Team to discuss this plan and needed supports.

Returning to Sports

1. **You should NEVER return to play if you still have ANY symptoms** – (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration.)
2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.
3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

The following are recommended at the present time:

- Do not return to PE class at this time
- Return to PE class
- Do not return to sports practices/games at this time
- Gradual** return to sports practices under the supervision of an appropriate health care provider.
 - Return to play should occur in gradual steps beginning with aerobic exercise only to increase your heart rate (e.g., stationary cycle); moving to increasing your heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition.
 - Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. Move to the next level of activity only if you do not experience any symptoms at the each level. If your symptoms return, stop these activities and let your health care professional know. Once you have not experienced symptoms for a minimum of 24 hours and you receive permission from your health care professional, you should start again at the previous step of the return to play plan.

Gradual Return to Play Plan

1. No physical activity
2. Low levels of physical activity (i.e.,). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.

*Neuropsychological testing can provide valuable information to assist physicians with treatment planning, such as return to play decisions.

This referral plan is based on today's evaluation:

- Return to this office. Date/Time _____
- Refer to: Neurosurgery ___ Neurology ___ Sports Medicine ___ Physiatrist ___ Psychiatrist ___ Other ___
- Refer for neuropsychological testing
- Other _____

ACE Care Plan Completed by: _____ MD RN NP PhD ATC



Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess
the
situation

Be alert for
signs and
symptoms

Contact a
health care
professional



Signs and Symptoms of a Concussion

A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Be alert for **any** of the following signs and symptoms.

SIGNS OBSERVED BY SCHOOL PROFESSIONALS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY THE STUDENT

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

What can school professionals do?



Know your Concussion ABCs:

A—Assess the situation

B—Be alert for signs and symptoms

C—Contact a health care professional

May 2010

* For more information and to order additional materials **FREE-OF-CHARGE**, visit:
www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Some Strategies for Addressing Concussion Symptoms at School

(Please note: these strategies will vary based on the student's age, level of understanding, and emotional status.)

COGNITIVE

Concentrate first on general cognitive skills, such as flexible thinking and organization, rather than academic content.

Focus on what the student does well and expand the curriculum to more challenging content as concussion symptoms subside.

Adjust the student's schedule as needed to avoid fatigue: shorten day, time most challenging classes with time when student is most alert, allow for rest breaks, reduced course load.

Adjust the learning environment to reduce identified distractions or protect the student from irritations such as too-bright light or loud noises.

Use self-paced, computer-assisted, or audio learning systems for the student having reading comprehension problems.

Allow extra time for test/in-class assignment completion.

Help the student create a list of tasks and/or daily organizer.

Assign a peer to take notes for the student.

Allow the student to record classes.

Increase repetition in assignments to reinforce learning.

Break assignments down into smaller chunks and offer recognition cues.

Provide alternate methods for the student to demonstrate mastery, such as multiple-choice or allowing for spoken responses to questions rather than long essay responses.

BEHAVIORAL/SOCIAL/EMOTIONAL

If the student is frustrated with failure in one area, redirect him/her to other elements of the curriculum associated with success.

Provide reinforcement for positive behavior as well as for academic achievements.

Acknowledge and empathize with the student's sense of frustration, anger or emotional outburst: "I know it must be hard dealing with some things right now."

Provide structure and consistency; make sure all teachers are using the same strategies.

Remove a student from a problem situation, but avoid characterizing it as a punishment and keep it as brief as possible.

Establish a cooperative relationship with the student, engaging him/her in any decisions regarding schedule changes or task priority setting.

Involve the family in any behavior management plan.

Set reasonable expectations.

Arrange preferential seating, such as moving the student away from the window (e.g. bright light), away from talkative peers, or closer to the teacher.

Return to School After Concussion or Head Injury

Student Name

Date of Birth

Date of Exam

To whom it may Concern:

Injury Status (check all that apply)

- This student was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.
- This student has been diagnosed by a health care professional who has been trained in the management of concussions, with a concussion and is under our care.
- Medical follow-up is scheduled for: _____ (date).

Academic Activity Status (check all that apply)

- This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.
- This student is not to return to school.
- This student may begin a return to school based on successful progression through a Return to Learn protocol.

Comments: _____

Physical Activity Status (check all that apply)

- This student is cleared for full, unrestricted athletic participation.
- This student is not to participate in physical activity of any kind.
- This student is not to participate in recess, physical education class, or athletics, or other physical activities except for untimed, voluntary walking.
- This student may begin a monitored, graduated return to play progression, until _____ (date).
- Other: _____

Additional special instructions _____

Signature of Physician

Date

Name of Physician (please print)

License Number

Office telephone

Stamp physician name/address below

Parent or Legal Guardian Acknowledgement

I hereby give consent for a school nurse (or designee) to communicate with my child's Health Care Provider and to counsel school personnel as needed with regard to my child's health. I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to concussion signs and symptoms. I agree to comply with district rules related to concussion return to play and return to learn.

Signature of Parent or Legal Guardian

Date

Home/Mobile Telephone

Work Telephone

Name of Parent or Legal Guardian (please print)