

BRIDGING THE GAP
From CONCUSSION To The CLASSROOM

APPENDICES

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Nebraska Concussion Awareness Act – Quick Facts

Return to Play

- **Goal: To provide a consistent means to identify and manage concussions and help ensure the safety of those involved in youth sports.**
- Legislation passed by Nebraska Legislature - Final Reading on April 8, 2011 (43-0)
- Effective July 1, 2012
- The Concussion Awareness Act contains the three tenets of model legislation as described by the Brain Injury Association and the National Football League.
 1. Education: Coaches, Parents and Student Athletes
 2. Removal from Play – If a concussion is reasonably suspected
 3. Clearance by a Licensed Health Care Professional
- Concussion Awareness Act applies to:
 - ✓ Approved or accredited public, private, denominational or parochial schools (does not include higher education/college and university) Section 4.
 - ✓ Athletes 19 years of age or younger that participate in organized sports (“any city, village, business or nonprofit that organizes sports, charges a fee or is sponsored by a business or nonprofit organization.”) Section 5
- Education provided for:
 - ✓ Coaches. Training approved by the Chief Medical officer must be made available to all coaches.
 - ✓ Parents and student athletes. Concussion and brain injury information must be provided:
 - On an annual basis and
 - Prior to the start of practice or competition.
- Removal from Play
 - ✓ Any student athlete or athlete shall be removed from play when they are reasonably suspected of having a concussion by a coach or licensed health care professional.
 - ✓ If an athlete is removed from activity due to reasonable suspicion of suffering a concussion:
 - Parents or Guardians must be notified of the date and approximate time of the injury and the signs and symptoms that were observed, as well as any actions taken to treat.
- Return to Play
 - ✓ A student-athlete or athlete may be allowed to return to play when:
 - They have been evaluated by a licensed health care professional
 - They have received written clearance from the licensed health care professional;
 - They have submitted the written and signed clearance to resume participation in athletic activities accompanied by written permission to resume participation from the student’s parent or guardian.
- For more information, please refer to:
 - ✓ Nebraska Department of Health and Human Services
<http://dhhs.ne.gov/publichealth/concussion/Pages/Home.aspx>

CONCUSSION RESOURCES

1. **Nebraska Department of Education**

<http://www.education.ne.gov/sped/birsst.html>

- **Bridging the Gap from Concussion to Classroom: Return to Learn**

2. **Nebraska Department of Health and Human Services**

<http://dhhs.ne.gov/publichealth/concussion/Pages/Home.aspx>

- Concussion Awareness Act – Training for Coaches, Parents, Students

3. **Concussion ABCs posted by the Centers for Disease Control and Prevention**

<http://www.cdc.gov/concussion/HeadsUp/schools.html>

- Heads Up to Schools, Know Your Concussion ABC's
- A Fact Sheet for Teachers, Counselors, and School Professionals
- A Fact Sheet for School Nurses
- Parent/Athlete Concussion Information Sheet
- Returning to School After a Concussion: A Fact Sheet for School Professionals

4. **The Center on Brain Injury Research and Training, University of Oregon**

<http://www.cbirt.org>

- **The Center on Brain Injury Research and Training. *Max's Law: Concussion Management Implementation Guide*.** Retrieved from <http://www.cbirt.org>
- <http://cbirt.org/tbi-education/school-reentry/returning-school-after-tbi/>
- <http://cbirt.org/tbi-education/school-reentry/supports-consider-during-school-reentry/>
- <http://cbirt.org/news/concussion-frequently-asked-questions-parents/>

5. **School-wide Concussion Management cartoon video: "What's a Concussion, Anyway? (15 minute cartoon video)** <http://brain101.orcasinc.com/>

- Concussion Management Program and information for coaches, schools, parents and students
- Return to Academics Progression, Return to Play Progression and Sample Return to Activity Documentation

6. REAP Guidelines

<http://www.rockymountainhospitalforchildren.com/sports-medicine/concussion-management/reap-guidelines.htm>

- McAvoy, K. (2013) REAP the benefits of good concussion management. Centennial, CO: Rocky Mountain Sports Medicine Institute Center for Concussion.

7. The BrainSTEPS Program – Pennsylvania www.brainsteps.net

- [Concussion Webinar](#)
- [Concussion Return to School Protocol](#)
- [Protocol Flow Chart](#)
- [Why every school should have a Concussion Management Team](#)
- [Teacher's Desk Reference: Concussion](#)

8. Colorado Department of Education

http://www.cde.state.co.us/sites/default/files/documents/cdesped/download/pdf/tbi_concussionguidelines.pdf

- [Concussion Management Guidelines 2012](#)

9. Brain Injury Association of Nebraska www.biane.org

10. Halstead, M., McAvoy, K., et al. *Returning to Learning Following a Concussion*. *Pediatrics*: originally published online October 27, 2013.
<http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867>

11. Nebraska Brain Injury Advisory Council www.braininjury.ne.gov

12. brainline.org - <http://www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi.html>

13. Information for Parents

http://www.brainline.org/landing_pages/categories/concussion.html
<http://cbirt.org/news/concussion-frequently-asked-questions-parents/>

RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. Students may start at any of these steps, depending on symptoms, and may remain at a step longer if needed. If symptoms worsen, the CMT should reassess. If symptoms quickly improve, a student may also skip a step or two. Be flexible!

| Steps | Progression | Description |
|-------|---|--|
| 1 | HOME – Cognitive and physical rest | <ul style="list-style-type: none"> ➤ Stay at home ➤ No driving ➤ Limited mental exertion – computer, texting, video games, homework |
| 2 | HOME – Light Mental Activity | <ul style="list-style-type: none"> ➤ Stay at home ➤ No driving ➤ Up to 30 minutes mental exertion ➤ No prolonged concentration |

Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms.

| | | |
|---|---|---|
| 3 | SCHOOL – Part Time Maximum adjustments Shortened day/schedule Built-in breaks | <ul style="list-style-type: none"> ➤ Provide quiet place for scheduled mental rest ➤ Lunch in quiet environment ➤ No significant classroom or standardized testing ➤ Modify rather than postpone academics ➤ Provide extra time, help, and adjustment of assignments |
|---|---|---|

Progress to Step 4 when student handles 30-40 minutes of sustained mental exertion without worsening of symptoms.

| | | |
|---|--|---|
| 4 | SCHOOL – Part Time Maximum adjustments Shortened day/schedule | <ul style="list-style-type: none"> ➤ No standardized testing ➤ Modified classroom testing ➤ Moderate decrease of extra time, help, and modification of assignments |
|---|--|---|

Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms.

| | | |
|---|--|---|
| 5 | SCHOOL – Part Time Minimal adjustments | <ul style="list-style-type: none"> ➤ No standardized testing; routine tests are OK ➤ Continued decrease of extra time, help, and adjustment of assignments ➤ May require more support in academically challenging subjects |
|---|--|---|

Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics.

| | | |
|---|---|--|
| 6 | SCHOOL – Full Time Full academics No adjustments | <ul style="list-style-type: none"> ➤ Attends all classes ➤ Full homework and testing |
|---|---|--|

When symptoms continue beyond 3-4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports.

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RETURN TO PLAY PROGRESSION

Return to play is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. **To begin the Return to Play Plan, the student must be free of all symptoms (see Signs and Symptoms of Concussion), have no academic adjustments in place, and be cleared by a healthcare provider.** The student may spend 1-2 days at each step before advancing to the next. If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.

| Rehabilitation Stage | Functional exercise at each stage of rehabilitation | Objective of each stage |
|--------------------------------|--|---|
| 1. No activity | Symptom limited physical and cognitive rest. | Recovery |
| 2. Light aerobic exercise | Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate. No resistance training. | Increase HR |
| 3. Sport-specific exercise | Skating drills in ice hockey, running drills in soccer. No head impact activities. | Add movement |
| 4. Non-contact training drills | Progression to more complex training drills, e.g., passing drills in football and ice hockey. May start progressive resistance training. | Exercise, coordination and cognitive load |
| 5. Full-contact Practice | Following medical clearance. Participate in normal training activities. | Restore confidence and assess functional skills by coaching staff |
| 6. Return to play | Normal game play | |

Recommendations from 2012 Zurich Consensus Statement on Concussion – McRory, P., Meeuwisse, WH, Aubry, M, et. al., *Br. J Sports Med* 2013; 47:250-258.

Post-Concussion Symptom Checklist

Name: _____ Date: _____

Please indicate how much each symptom has bothered you over the past 2 days.

| | Symptoms | None | Mild | | Moderate | | Severe | |
|------------------------|--------------------------|------|------|---|----------|---|--------|---|
| PHYSICAL | Headache | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Nausea | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Vomiting | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Balance Problem | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Dizziness | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Blurry or double vision | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Sensitivity to Light | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Sensitivity to Noise | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Balance Problems | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Pain other than headache | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| THINKING/ COGNITIVE | Feeling "in a fog" | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Feeling Slowed Down | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Difficulty concentrating | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Difficulty Remembering | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| SLEEP ISSUES | Trouble Falling Asleep | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Fatigue or low energy | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Drowsiness | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| EMOTIONAL | Feeling more Emotional | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Irritability | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Sadness | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | Nervousness | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Do symptoms worsen with physical activity? Yes_____ No_____ Not Applicable_____

Do symptoms worsen with thinking/cognitive activity? Yes_____ No_____ Not Applicable_____

Activity Level: Over the past two days, compared to what I would typically do, my level of activity has been _____% of what it would normally be.

TIPS FOR TEACHERS

Concussion Symptoms, Possible School Problems & Adjustments/Accommodations

| Concussion Symptoms | Implications at school | Potential Adjustments in School Setting |
|--|--|--|
| PHYSICAL SYMPTOMS <ul style="list-style-type: none"> Headache (most common symptom reported in concussions) | <ul style="list-style-type: none"> Poor concentration - may vary throughout day; Can be triggered by fluorescent lighting, loud noises and focusing on tasks | <ul style="list-style-type: none"> Frequent breaks Reduce exposure to aggravators, i.e., turn off fluorescent lights Rest as needed in nurse's office or quiet area |
| <ul style="list-style-type: none"> Dizziness/Lightheadedness | <ul style="list-style-type: none"> Standing quickly or walking in crowded environment may present a challenge Often provoked by visual stimulus (rapid movements, videos, etc.) | <ul style="list-style-type: none"> Allow student to put head down if symptoms worsen Early dismissal from class and extra time to get from class to class to avoid crowded hallways |
| <ul style="list-style-type: none"> Visual Symptoms <ul style="list-style-type: none"> Light sensitivity Double vision Blurry vision | <ul style="list-style-type: none"> Trouble seeing slide presentations, movies, smart boards, computers, handheld computers (tablets) Difficulty reading & copying Difficulty paying attention to visual tasks | <ul style="list-style-type: none"> Reduce brightness on the screens Student may wear hat or sunglasses in school Audiotapes instead of books Seat student close to center of classroom activities (preferential seating if blurry vision) Turn off fluorescent lights Cover one eye with patch/ tape or one lens if glasses are worn (double vision) |
| <ul style="list-style-type: none"> Noise Sensitivity | <ul style="list-style-type: none"> Troubles with various noises in several school settings: Lunchroom, shop classes, music classes (band, choir), physical education classes, hallways Organized sports practice | <ul style="list-style-type: none"> Allow student to eat lunch in quiet area with classmate Limit or avoid band, choir or shop classes Avoid noisy gyms and organized sports practices and games Consider use of earplugs Early dismissal from class to avoid crowded, noisy hallways |
| THINKING/COGNITIVE SYMPTOMS <ul style="list-style-type: none"> Difficulty concentrating or remembering | <ul style="list-style-type: none"> Challenges learning new tasks and comprehending new material (slowed processing speed) Difficulty recalling and applying previously learned material Lack of focus in the classroom Difficulties with test taking, including standardized tests | <ul style="list-style-type: none"> Avoid testing or completion of major projects during recovery time when possible Provide extra time to complete non-standardized tests in a quiet environment Postpone standardized testing when possible Consider one test per day during exam periods Assess knowledge using multiple-choice instead of open-ended questions |

| Concussion Symptoms | Implications at school | Potential Adjustments in School Setting |
|---|---|---|
| THINKING/COGNITIVE SYMPTOMS (cont'd) | | <ul style="list-style-type: none"> • Consider use of preprinted notes, note taker, scribe or reader for oral testing • Consider tape recorder for note taking • Reduce the cognitive load & focus on the most important concepts for student to know – quality vs. quantity • Consider decreasing homework and reducing make-up work • Provide both oral and written instructions; clarify instructions |
| SLEEP ISSUES | <ul style="list-style-type: none"> • Excessive fatigue can hamper memory for new or past learning or ability to attend and focus • Insufficient sleep can lead to tardiness or excessive absences • Difficulty getting to sleep or frequent waking at night may lead to sleeping in class • Excessive napping due to fatigue may lead to further disruptions of the sleep cycle | <ul style="list-style-type: none"> • Allow for late start or shortened school day to catch up on sleep • Allow rest breaks during day if needed |
| EMOTIONAL/MOOD SYMPTOMS | <ul style="list-style-type: none"> • Sadness, Irritability, changes in mood, nervousness, anxiety may affect social relationships with adults and peers • Student may feel scared, angry or depressed as a result of the concussion. | <ul style="list-style-type: none"> • Develop an emotional support plan for the student. This may include an adult with whom the student can talk if feeling overwhelmed • Mental fatigue may result in emotional meltdowns • Allow “signal” for student to remove himself/herself from classroom to de-escalate • Provide reassurance that what they are feeling is typical in the course of recovery – i.e., concern about getting behind in school work and/or grades • Share difficulties and progress with parents, CMT contact person, medical personnel, athletic coaches/ trainers as appropriate |

Sources: Halstead, M., McAvoy, K., *et al. Returning to Learning Following a Concussion.*

Pediatrics: originally published online October 27, 2013.

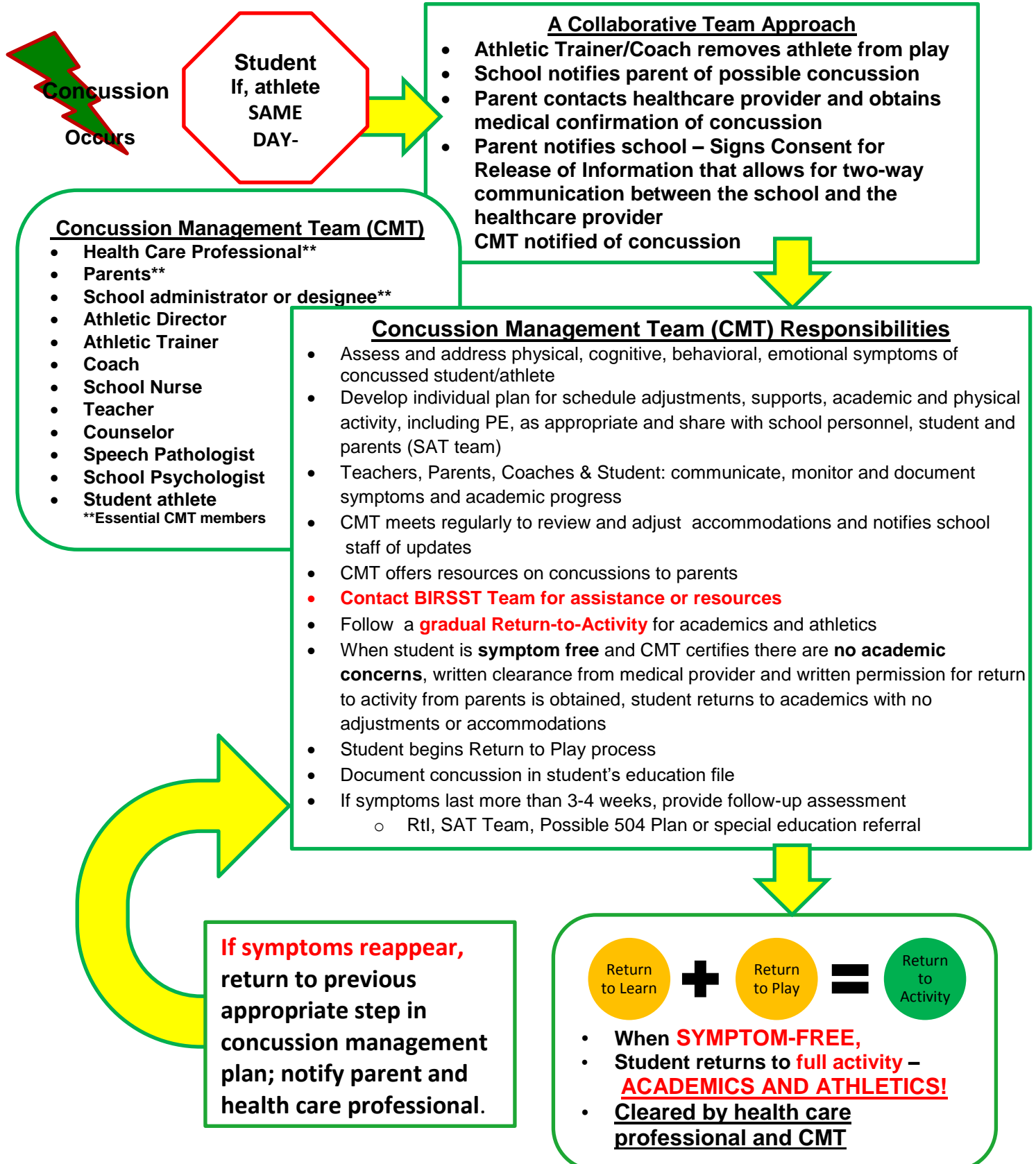
<http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867>

Oregon Concussion Awareness and Management Program (OCAMP)

http://media.cbirt.org/uploads/files/sports_concussion_management_guide.pdf

NE Concussion Management Recommended Best Practices

(Adapted from CDC, OCAMP Advisory group June 2010 and Oregon Concussion Awareness and Management Program)



Information from Teachers for CMT

Date:

Student Name:

Date of Concussion:

To Teachers: The above named student has been diagnosed with a concussion. Please indicate if you are seeing physical, cognitive, emotional or sleep/energy symptoms in your classroom related to this concussion, or if you have concerns about this student's progress, please state them below. Thank you for your valuable feedback.

| Class: Teacher: | What academic adjustments, if any, is the student still receiving in your classroom? | Has the student reported or have you noticed any concussion symptoms in the last two days? (Headaches, dizziness, difficulty concentrating, remembering, more irritable, fatigued than usual?) If YES, please explain: | Is this student performing at their pre-concussion learning level? Yes or No? If NO, please explain: |
|--------------------|--|--|--|
| | | | |

A fillable version of this document is available at: <http://www.education.ne.gov/sped/birsst.html>

BIRSST - Brain Injury School Support Team Contacts 2013-2014

| | | |
|-----------------------------|---|--|
| Central Region | Kristine Einspahr ESU #10 76 Plaza Boulevard Kearney, NE 68848 | (308) 237-5927 X 314 keinspahr@esu10.org |
| Metro Region | Greg Gaden ESU #3 6949 S. 10th Omaha, NE 68128 Andrea McDonald ESU #2, #3 and \$19 Lou Bauer ESU #2 | (402) 597-4934 (402) 610-4240 (cell) ggaden@esu3.org (402) 350-5622 andrea.mcdonald30@gmail.com (402) 721-7710 X 209 lbauer@esu2.org |
| Northeast Region | Cathy Schroeder ESU #1 211 Tenth Street Wakefield, NE 68756 | (402) 287-2061 (712) 490-6571 cschroeder@esu1.org |
| Southeast Region | Cindy Brunken Lincoln Public Schools 5905 O Street Lincoln, NE, 68510 | (402) 436-1902 cbrunk@lps.org |
| Western Region | Steve Helgeland ESU #13 4215 Avenue I Scottsbluff, NE 69361 | (308) 635-3696 shelgeland@esu13.org |

BIRSST Region Map – 2013-2014

