

Return to Learn Protocol

Purpose

Concussions are often referred to as an “invisible injury” because symptoms are not outwardly visible. The effects of a concussion on a student’s cognitive ability may require educators to provide classroom and school accommodations for a student until he/she is fully recovered. The Return to Learn (RTL) Protocol is for all students who may require academic accommodations while recovering from a concussion.

What is a concussion?

A concussion is a type of brain injury resulting from an impact to the body causing the brain to strike the inside of the skull. A direct hit to the head is not required for a concussion to occur. Students suffering from concussions may experience symptoms for a few days, weeks, or in severe cases even months.

Concussion Symptoms

A concussion can affect a student in a variety of different ways: physically, cognitively, emotionally, and with sleep. Each student’s symptoms are different in both occurrence and severity. Symptoms for a student should only be compared to how he/she felt, acted, slept, and performed prior to the concussion. One student’s symptoms and recovery should never be compared to another student’s.

Physical	Cognitive	Emotion	Sleep
Headache	Slow processing	Irritability	Trouble falling asleep
Dizziness	Mental fog	Sadness	Trouble waking
Balance difficulties	Trouble focusing	Nervousness	Sleeping more than usual
Nausea/vomiting	Memory problems	Embarrassment	Sleeping less than usual
Fatigue	Concentration problems	Anger	Drowsy
Sensitivity to light	Feeling confused	More or less emotional than normal	Altered sleep schedule
Sensitivity to sound	Shortened attention span	Anxiety	
Change in vision	Difficulty planning	Paranoia	
Feeling sluggish	Difficulty organizing		
Speech problems	Slower reading		
	Difficulty with comprehension		
	Easily distracted		

Who can diagnose a concussion?

Only a licensed health care professional who has experience managing concussions, including Certified Athletic Trainers, can officially diagnose a student with a concussion.

How can a concussion affect school performance?

A student’s best opportunity for a full recovery from a concussion depends on immediate implementation of cognitive and physical rest and then a gradual return of cognitive exertion. Because of the cognitive symptoms identified above, students may experience difficulty in the classroom. In addition to the symptoms listed above a student might

- Get tired easily in class and over the course of the day.
- Be bothered by bright lights or loud noises in the classroom, hall, or cafeteria.
- Have trouble multi-tasking, such as listening to the teacher while attempting to take notes.
- Take longer to complete assignments.
- Need more repetition to learn new material.

- Remember something one moment but not later.
- Be easily overwhelmed attempting to keep up.
- Lose track of time.
- Get lost or have trouble finding their way around a previously familiar area.
- Get frustrated or irritated more easily.
- Have unusual mood swings.
- Feel unmotivated.
- Feel withdrawn and want to avoid social situations.

Concussion Management Team (CMT)

A team approach to support a concussed student is necessary in providing information, monitoring, and making adjustments. Members of the team should include, but not be limited to

- School Nurse – CMT co-leader
- CMT co-leader (similar to a student’s Special Education or 504 Case Manager) – this could be a school counselor or administrator
- Student
- Parents/Family
- Teachers
- School Counselor
- School Administrator
- Case Manager (Special Education, ELL, 504, Social Worker, etc. if applicable)
- Health Care Professional who diagnosed the concussion (PCP, ATC, etc)
- Neuropsychologist (when and if necessary)

Return to School vs Return to Learn

It is recommended that a student be on complete physical and cognitive rest for 24-48 hours after a diagnosed concussion, thus not attending school. But as soon as a student feels well enough to attend, he/she should return to school with accommodations and a gradual increase in workload as symptoms allow. The immersion into a normal routine with social interaction will help the student not feel isolated and aid in recovery. It is important to ease a student back to a full academic workload while the brain is still healing. Return to learn does not happen immediately and is not considered accomplished until a student has returned to a full academic load without accommodations (that were not needed prior to the concussion).

Guiding principles in the Return to Learn Protocol include the student attending school, working below symptom threshold, gradually increasing workload, and making adjustments at home as well as at school. The most important part of Return to Learn is that it be individualized.

Gradual Return to Learn Protocol (RTL)

To initiate the RTL Protocol the student must provide written documentation of the diagnosed concussion from a Health Care Professional to the school. Each student's journey through the RTL protocol is individualized. Each student's symptoms should only be compared to his/her own prior to the concussion and not to other students. Not all diagnosed concussions require academic accommodations. The RTL Protocol is an option for those students who need the gradual return to a full academic load.

		Workload		Progression Through Stages	
Stage	Expected Duration	How much work?	Adjustments	When to Move On	Decision Making Data
BLACK	1-2 days	Stay at home and rest		Student is able to independently wake up, get ready, and come to school without worsening symptoms.	Student's self-report Parent observations
RED: at school with no work	1-5 school days. Maximum 5 days	No work. Student sits in class and listens.	No in-class work. Participation and engagement allowed and encouraged.	Student can sit in class for one day without worsening symptoms.	Symptom Checklist Teacher – better or worse Parent – better or worse
ORANGE: At school with ½ work	2-5 school days	50% of classwork and homework. No tests or large assignments.	Academic adjustments for tests and assignments.	Student can complete ½ of their work for 2 full days without worsening symptoms.	Symptom Checklist Teacher – better or worse Parent – better or worse
YELLOW: At school with full work	2-5 school days	100% of classwork and homework Tests can be modified.	For in-class work and homework – NO adjustment. For test – adjustments okay.	Student can complete all work for 2 full days without worsening symptoms. Student and CMT leader must make a plan to complete make up work before student can move to the next step.	Symptom Checklist Teacher – better or worse Parent – better or worse
GREEN: Return to Learn		100% of classwork and homework. Make up important assignments.	None		

Please note: Progressing to the next stage is based on whether or not symptoms worsen. It is not based on symptoms being completely eliminated. The progression through the protocol may not always be linear. A student may move forward and backward through the stages as necessary.

Accommodation examples

Not all students experience the same symptoms, thus not all students require the same accommodations. This is a list of those commonly used:

Wearing sunglasses	Shorter assignments and assessments
Wearing hats/visors	Extended time
Passing between classes alone	Excused from making up all assignments
Quiet room provided to do work in	Notes, PowerPoints, presentations provided
Audio or video record classes	Alternate location for lunch
Break assignments into smaller chunks	Limit or eliminate screen time
Audiobooks or someone to read to student	No due dates
Detailed step-by-step instructions and directions	Alternate methods of assessment (verbal exam)
Allow frequent breaks	Avoid large-scale assemblies
Remove students from the building prior to a fire alarm drill	Coordinated efforts among teachers to eliminate multiple assessments in the same day
Allow usage of headphones for soft music	Use of word banks

Return to Play (RTP) and Return to Learn (RTL)

No student should return to full contact play before returning to a full academic load. Students may be at various stages of the two protocols simultaneously. In RTP students may be increasing activity as they progress through the protocol. Once the RTP protocol is complete, students return to full play without modifications. Likewise, in RTL, students should be in their classrooms gradually increasing their workload. Full Return to Learn is not reached until the student is back to a full academic load without modifications.

Formal Support Services

If a student has several concussions or symptoms and accommodations require lengthy implementation, a 504 plan or even an IEP may need to be developed for long-term educational success. This is only necessary in extreme cases.

Additional Documents to accompany the RTL Protocol

RTL Better or Worse – Teacher
RTL Better or Worse – CMT Leader
Concussion Awareness for Parents and School Staff pamphlet

Additional Resources Specific to Student-Athletes

NSD Policy JLCJ Concussions and Head Injuries for Student Athletes
NH RSA 200:49 Head Injury Policies for Student Sports
RSA 200:50 Removal of Student-Athlete
http://www.nfhs.org/media/1018446/suggested_guidelines_management_concussion_april_2017.pdf

Return to Learn Protocol Communication Guide

- Step 1: Written documentation from a Health Care Professional indicating a diagnosed concussion is provided to the school nurse. If the documentation is provided to someone else in the building (teacher, admin, counselor, coach, etc), he/she should notify the school nurse immediately.
- Step 2: School Nurse, as the CMT co-leader, will notify the rest of the team, including student and parents, that the student is entering the RTL Protocol and when the student is expected to return to class. A copy of the RTL Protocol will be sent home to parents.
- Step 3: Every day while the student is in the RTL protocol:
- The School Nurse or CMT co-leader will notify teachers and other members of the CMT, including student and parents, each morning of the student's current stage.
 - All teachers will complete the Better or Worse Checklist and return to the school nurse. Each school administration will determine the best means for this procedure within their building.
 - The CMT leader will also complete the Better or Worse Checklist and return to the school nurse (if other than school nurse).
 - Student will check in with the school nurse at the end of the school day and a symptom checklist will be completed.
- Step 4: School Nurse, or co-CMT leader, will gather evidence and make determination on next steps for the student.
- Step 5: Parents will communicate with the school nurse as needed on their observations of their child at home and out of school.
- Step 6: Once the student has progressed through the protocol and returned to a full academic load, the school nurse will communicate this information to all team members.

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Resources Used to Develop this Protocol:

Return to Learn after a Concussion: A Guide for Teachers and School Professionals by the Children's Hospital of Chicago

Concussion Chalk Talk: Understanding the X's and O's of Concussion Management. A Guide for Students and parents; and School Faculty and Staff.

Center for Disease Control: Returning to School After a Concussion: A Fact Sheet for School Professionals

ImPacttest.com

<http://www.bianh.org/youthcon.html>

Personal interviews with students and parents who have suffered severe concussions.

Somerville, MA Public School Concussion Documents