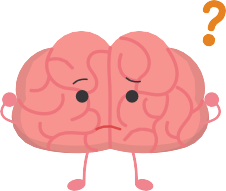
**Purpose:** To educate LCPS staff about the effects of concussion on students and how to support a student’s safe return to school and return to learn as soon as symptoms allow.



**Staff Education**

*Supporting students with concussions*

## What is a concussion?

A concussion is a **Traumatic Brain Injury** caused by a direct blow to the head, neck, or body resulting in temporary changes to how the brain functions, which can adversely affect a child’s performance at school. This change in function creates an energy crisis in the brain that results in various symptoms. The signs and symptoms of a concussion can show up immediately after the injury or may not be noticeable for hours or days after the injury.

During this energy crisis, the brain is like a battery that is having trouble recharging. Too much activity and not enough rest will continue to deplete the brains battery, and symptoms will persist. To reduce symptoms and allow for adequate “recharging,” the student may need 5-15 minute **“Stimulus Breaks”** or additional support during the school day that will allow them to safely continue academic progress until full recovery is achieved.

## How do we support a student's return to school day activities?

A student’s return to school activities should be supervised by the entire LCPS Concussion Management Team (CMT). The CMT recommends **Active Symptom Management and Rehabilitation** through the **“Expose- Recover-Method”** when returning to physical, social, and cognitive activities. Exposure to normal, non-risk activities is advised as long as symptoms do not increase in number or severity. If symptoms exacerbate, we recommend stopping activity and recovering with a 10-15 minute stimulus break until symptoms improve back to baseline and activity can be resumed. We recommend the student feel and work through mild symptoms to recover from the injury and avoid strict, prolonged rest as a treatment method for concussion. Additional informal academic adjustments recommended by the CMT in the Student Support Plan (SSP) may include multiple, generous adjustments in the classroom. However, these supports are flexible, and teachers are encouraged to make adjustments as needed to reduce a student's symptoms.

## Tips for communicating with your student recovering from a concussion:

Communication with the student should be Slow, Simple, Calm, Clear, and Consistent.

Be aware of your body language and tone of voice as the student may have a decreased ability to perceive and interpret social situations.

**Watch for signs that the student is overwhelmed, disengaged, shut down, anxious or sad.**

***Definitions***

**Concussion Management Team (CMT)**: The multidisciplinary team at your school that supports a student’s safe return to school day activities following a suspected or diagnosed concussion.

**CMT lead:** The designated point person who coordinates communication and care for the student.

**School Day Activities:** All activities related to a student’s participation in the academic day. This includes class transitions, listening and attending during class, lunch, and participation in PE class and extracurriculars such as music, choir, clubs, etc.

**Student Support Plan (SSP):** A product of the CMT review, it is the individualized support plan to guide a student’s safe and effective return to school day activities following a concussion.

**Talk with the student about**

**what may be contributing to these feelings. Offer your support and suggest they talk to their counselor.**

***STAFF EDUCATION*** *Supporting students with concussions*

**Strategies to reduce a student's symptoms during school day activities.**

**(Environmental, Physical, Curriculum, and Testing Adjustments for common symptoms)**



# HEADACHES

Build 5-15 minute stimulus breaks into the student’s schedule. Allow longer breaks to occur outside the classroom (or in the hall) and shorter breaks to occur in the classroom (put head down on desk and actively listen).

Grant permission to listen to the teacher without producing notes or written work.

# IMBALANCE/DIZZINESS

Provide a copy of the teacher’s notes to reduce looking up at the board and then down to their computer or paper.

Allow the student to change classes ahead of the bell schedule and before the hallway becomes too busy.

# FOCUS/MEMORY PROBLEMS

Provide a copy of the teacher’s notes or permit the student to record lectures.

When returning to assessments, consider testing in a format that cues memory (e.g., recognition, word choice, fill-in-the-blank) instead of more cognitively demanding open-ended questions.

Consider alternative approaches to assessment that demonstrate content mastery.

Remove unnecessary distractions.

Reduce the length of tasks to limit prolonged periods of concentration.

# NOISE SENSITIVITY

Allow the student to change classes ahead of the bell schedule and before the hallway becomes too busy.

Consider a temporary excuse or stimulus breaks during PE, ROTC, band, dance, and similar activities as needed.

# VISUAL PROBLEMS

Allow the student options for where to sit to support optimal vision and reduce sensitivities (near the board, near natural light sources such as windows, sunglasses as needed, etc.)

Print work on paper with enlarged font or

increased font/contrast on screens.

Build in visual stimulus breaks to prevent symptom onset (put head down on desk and actively listen)

# FATIGUE

Focus on energy management. Reduce the length of assignments. Allow extra time to complete tasks.

Provide stimulus breaks (every 5-15 minutes) and out-of-class breaks in a quiet area.

Excuse the student from non-essential work and ensure they are not overloaded.

***Sleep Health Considerations:*** Inquire about sleep and identify if academic demands contribute to reduced sleep. If the student reports difficulties with sleeping advise

# EMOTIONAL REACTIVITY

them to speak to their medical provider.

Watch for signs the student is overwhelmed. Allow the student time to check in with a school counselor.

Reduce overall volume of in-class assignments and homework.

Communicate any concerns with the child's parents and the CMT.

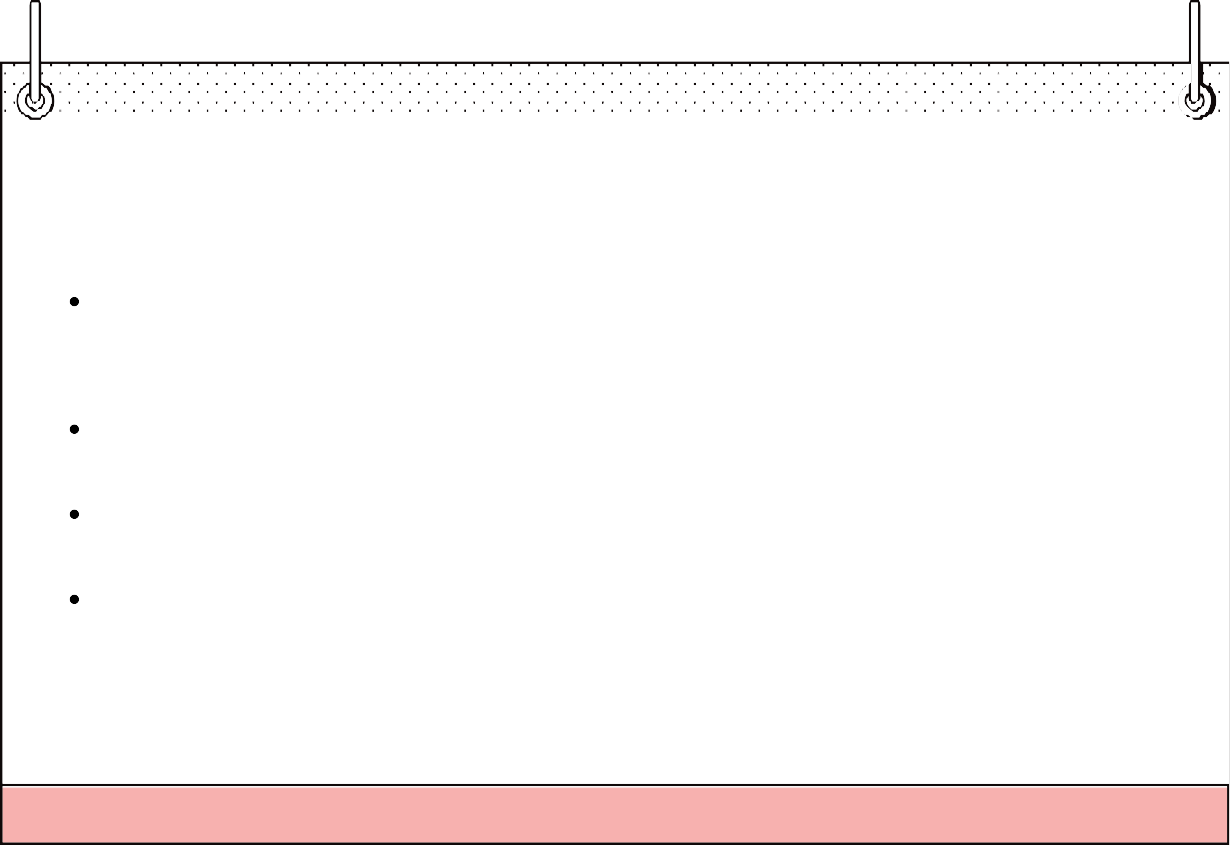
Prioritize workload to reflect essential assignments needed to demonstrate mastery.

Empower students with a signal to leave the room to avoid emotional meltdowns. Communicate that it can be normal to experience more intense emotions during concussion recovery, then offer your support and suggest they talk to their counselor, parents, or medical provider.

***STAFF EDUCATION***

*Supporting students with concussions*

**Supporting a student-athlete's safe return to**



**sports activities.**

***No member of a school athletic team shall return to participate in an athletic event\* or game/competition after he or she experiences a concussion unless all the following conditions have been met:***

The student attends all classes, maintains a full academic load, and requires no instructional adjustments [supports], except for extra time allotted to complete previous assignments.

The student no longer exhibits signs, symptoms, or behaviors consistent with a concussion, at rest or with exertion, that were not present prior to the concussion.

The student is asymptomatic during or following periods of supervised exercise that is gradually intensifying.

The student receives a written medical release from an appropriately licensed healthcare professional.

\*Athletic event or training is defined as a non-restricted athletic activity or progressing past stage 5 in the Return to Sports Strategy below.

***Guidelines for Policies on Concussions in Students*; Virginia Board of Education; 2021. Accessed October 1, 2022,** [**https://www.doe.virginia.gov/instruction/physed/concussion-guidance.docx**](http://www.doe.virginia.gov/instruction/physed/concussion-guidance.docx)

**GRADUAL RETURN TO SPORT (RTS) STRATEGY**

*EPatricios JS, Schneider KJ, Dvorak J, et al. Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport– Amsterdam, October 2022. British Journal of Sports Medicine 2023;57:695-711.*

The strategy for a safe return to sports activities is listed here in the Return to Sport Stages. *Students returning to sports activities should systematically progress the intensity and duration of activities while monitoring for symptoms. If more than mild exacerbation of symptoms occurs during Steps 1–3, the athlete should break and return if symptoms improve or otherwise attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 5–6 should return to Step 4 to establish full resolution of symptoms with exertion before engaging in at-risk activities.*

1. **Symptom-limited activity.**
2. **Light aerobic exercise.**

**In LCPS, progression in the**

1. **Sport-specific exercise.**

**RTS Strategy is supervised by**

**the Athletic Trainer, who has**

**the final word on whether or**

1. **Planned contact training drills.**

**not a student may return to**

**sports activities.**

**REQUIRES WRITTEN MEDICAL CLEARANCE**

1. **Full-contact practice.**
2. **Return to competitive sports activities.**