

Concussion Protocol



Jeffco Public Schools Handbook and Guidelines Concussions and Traumatic Brain 2019-2020

Developed By:

Jeffco District Registered Nurses

Dr. Karen McAvoy - The REAP Project and Get Schooled on Concussions

The Children's Hospital - Jody Krause and David Baker

The Centers for Disease Control and Prevention

The Colorado Department of Education

Jeffco Concussion Protocol Handbook



Table of Contents

Purpose and goal.....	2
Role Definitions and Acronyms	2
Background	4
Legislation	4
Truths and Myths	5
Introduction to TACT	6
Symptoms / Symptom Management	6
What the concussion process looks like	7
Concussion Notification	7
Concussion Recovery Weeks 1 - 4	
Return to Learn	8
School Day Physical Activities / Outdoor Lab (OELS)	9
Tests/Quizzes/Exams	9
Concussion Clearance for Elementary, Middle School and High School Non-Athlete	9
Concussion Clearance - CHSAA Sponsored Sport/ Activity - Student Athlete	10
Concussion Recovery weeks 4 - 6	
Prolonged Concussion Symptoms	11
Concussion Recovery weeks 6 - 10	
Unresolved Concussion Symptoms	11
Appendix - District Forms and Letters	
Resources	12

Jeffco Concussion Protocol Handbook



Jeffco Public Schools recognizes the growing concern with injuries resulting in concussion and/or concussion like symptoms. Mild traumatic brain injury (TBI), or concussion, in children/youth is a rapidly growing public health concern. Epidemiological data indicates a marked increase in the number of emergency department visits for mild TBI over the past decade. Each year, hundreds of thousands of K-12 students sustain a concussion as a result of a fall, motor-vehicle accident, collision on the playground or sports field, or other activity.

The **purpose** of the Jeffco Public Schools Concussion Protocol is to provide research and evidence based guidelines to help in the prevention of concussions, the prevention of a second impact injury, and to support students with a concussion during the recovery process. This protocol/handbook serves to provide a better understanding of possible factors that may contribute to difficulties in the school environment after a concussion, and provides a framework for the concussion support team to help guide the student to a successful and safe return to learning, and ultimately a safe return to play.

Jeffco's Department of Health Service's **goal** is to provide guidance for each of the multiple people who are involved in supporting a student with a concussion while the student is returning to learn. That team may include, but is not limited to: student/family, teacher(s)/school staff, Health Aide/Concussion Coordinator, and medical providers.

Role definitions and acronyms that are used throughout the concussion manual. Please review and refer to it as needed:

Athletic Director (AD)- A School Administrator (usually an Assistant Principal) who oversees the work of the Athletic Trainer and coaches of all school sponsored athletics for the welfare of the student athlete. The Athletic Director is responsible for the safety of the students while continuing to educate their staff regarding sports injuries which include concussions.

Athletic Trainer (AT) - Supports the Student Athlete by communicating symptoms with the district RN and Concussion Coordinator. The AT coordinates graduated return to play (GRTP) with district RN and Concussion Coordinator. ATs have specialized training and requirements regarding the "Graduated Return to Play" protocols and are the only ones responsible for taking the Student Athlete through the GRTP process.

Attendance Secretary - Staff member who receives communication and medical notes regarding students' absences. He/she communicates this information to the Health Aide/Concussion Coordinator whenever medical information regarding the student is received.

Best Practice - A professional procedure that has been shown by research and experience to produce optimal results and that is established as a standard and is suitable for widespread adoption.

Colorado High School Activities Association (CHSAA) - The governing body for all high school activities throughout the state of Colorado. They provide rules and regulations that are mandated by the State for all students to follow in including grades and participation when the student becomes injured.

Concussion Coordinator (CC) - The school site Concussion Coordinator is usually the school Health Aide. He/she is responsible for monitoring, documenting, and communicating student concussion symptoms during the student's concussion recovery period.

Concussion Resource Nurse (CRN) - A Jeffco Registered Nurse who holds a current license within the state of Colorado, a Special Service Provider's license from the Colorado Department of Education (CDE) and who is educated on the most

Jeffco Concussion Protocol Handbook



current research and best practices of Concussion and traumatic brain injuries (TBIs). They are responsible for training and educating district RNs, Concussion Coordinators, and Administrative Staff in best practices for supporting students with head injuries/TBI. The CRN is also the leader for Jeffco Public Schools for the Colorado BrainSteps Team.

School Administrators - A group of leaders (Principals, Assistant Principals, Dean of Students) within the school that supervise and lead educational institutions. This group can be an important link between the student and their community. The Principal identifies a school site Concussion Coordinator (typically the Health Aide) to work in conjunction with the district RN. School administrators ensure district concussion protocols are followed at the school site. They assist the school team with parent meetings and/or email navigation during the protracted concussion recovery.

School Counselor - Able to support the student and assist with academic adjustments, absences, and emotional health during recovery.

School Psychologists / School Social Workers - Considered part of the Mental Health Staff at the school site and may be needed to help support the student during the concussion recovery period with emotional health. School Mental Health Staff may also serve as a resource to parent(s)/legal guardian and school staff who seek additional guidance about mental health concerns of students who are recovering from a concussion. The School Mental Health staff participates as a member of the school's multidisciplinary team who may determine the need for further evaluations and formal plans to best serve students.

District Registered Nurse (RN) - A Jeffco Registered Nurse who holds a current license within the state, Special Service Provider's license from the Colorado Department of Education (CDE) who oversees the health and safety of the students within the school. The district RN is responsible for communicating with the student, parent(s)/legal guardian, school staff, and Concussion Coordinator/Health Aide to maintain the health and safety of all students.

Return to Learn (RTL) / Gradual Return to Learn (GRTL) - The student returns to school with mild symptoms and receives academic accommodations provided through TACT emails while the student is recovering. This gradual process can take up to 4 weeks.

Return to Play (RTP) / Gradual Return to Play (GRTP) - This process is started when the student completes return to learn. For elementary, middle school and high school **non-athletes** this can be completed at home over 4 days beginning with non-impact aerobic activity working towards impact aerobic activities monitored by the student's parent(s)/legal guardian. For high school student athletes, the Athletic Trainer will guide this gradual increase in physical activity only after clearance has been received from a Medical provider.

Return to School (RTS) - The period of time when the student returns to school after the injury. The student should begin attending school as soon as possible, even if they still have mild, persistent symptoms.

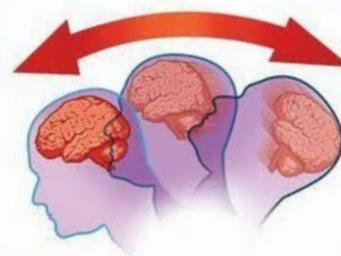
Teacher(s) - Check in with the student during their recovery period to discuss how the student is feeling and if any academic adjustments that may be needed or are being used. Teachers can use their expertise to help "create flexible, temporary, and fluid academic adjustments" that may be needed to support the student during the initial recovery period.

Teacher Acute Concussion Tool (TACT) - This tool generates emails to the teachers of the injured student when activated to suggest academic adjustments to help that student. This will assist Jeffco in capturing that student's progress and assist the teacher with using best practices.

Background: What is a concussion?

A concussion is a traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells while creating chemical changes in the brain.

There may be signs of injury to the head, such as bruising or cuts, or there may be no visible injury. A person does not need to be knocked out or lose consciousness to have a concussion (TBI). **Mild** TBIs are not associated with brain damage, and the problems are typically resolved in a few days to a few weeks. **Moderate** → **Severe** TBIs often require hospitalization and may result in damage to the brain with possible lasting cognitive, academic, and psychological challenges.



Not all concussions are sports related, but all concussions require a multidisciplinary approach from the school teams to support during recovery. If a student gets a “bump to the head” while at school or during school related activities, the student will be directed to the health room for support. The parent(s)/legal guardian will be contacted AND a “bump on the head” letter will be sent home with the student. If the “bump on the head” warrants further attention, the parent(s)/legal guardian will be notified to pick up the student and encouraged to follow up with a medical provider.

If the student is diagnosed with a concussion or showing signs and symptoms of a possible concussion, the same principle of removal of activity is put in place. It is always recommended that a student be evaluated by a Medical provider when a concussion is suspected. The graduated return to play will be directed by the clearance from the Medical provider and completed by the Athletic Trainer for student athletes, or completed by the parent(s)/legal guardian at home for elementary, middle school and non-athlete students when they have been symptom free for 24 hours.

What this means for all students:

- Education to staff regarding concussion identification/support
- Education regarding the role of each staff member in concussion support
- Removal of the student from school day activities (PE/Recess/Weight Lifting)
- Initiation of Teacher Acute Concussion Tool (TACT) to each teacher who has the student in class
- Return to activity (play) with medical provider direction OR
- GRTP completed by parent(s)/legal guardian at home

Legislation

In the fall of 2004, Jake Snakernberg was a high school freshman football player. He likely sustained a concussion in a game, however, he did not fully understand that he had experienced a concussion and he did not report his symptoms to anyone. One week later, Jake took a typical hit in a game, collapsed on the field and never regained consciousness. Jake passed away from “Second Impact Syndrome” on September 19, 2004. In an effort to address youth concussion, Governor John Hickenlooper signed [Senate Bill 11-040](#), also known as “The Jake Snakernberg Youth Concussion Act,” into

Jeffco Concussion Protocol Handbook



law on March 29, 2011. This law went into effect in Colorado on January 1, 2012. The Colorado Department of Education developed “Concussion Management Guidelines” to educate school districts on SB 11-040 and to provide guidance to individual school districts as they worked to implement a concussion protocol.

As a result of the Jake Snakenberg Act, the Colorado High School Activities Association (CHSAA) voted into effect Bylaw #1790.21 states that if a student athlete is removed from participation due to head trauma (on or off the field), the student athlete must obtain written clearance from a licensed medical provider before returning to participation in that sport.

A second bylaw voted into effect in April 2010 by CHSAA was that all coaches who have sole supervisory responsibility for a team, must complete an annual concussion recognition education course or a sports medicine review course that includes head trauma/concussions.

What this means for CHSAA regulated athletics:

- Education regarding concussion identification
- Removal from play for suspected concussion
- Return To Play (RTP) under medical supervision
- Completion of a supervised graduated return to play (GRTP) process before return to full participation.

Truth and Myths - What we know about Concussions:

Concussions and concussion management has been a frequent topic in the news because what we know about TBI and how to manage symptoms has changed. Let’s dispel some of the myths that we have heard about concussions and then we can move forward with what we know to be true.

Myths:

Things that you may have heard...

⇒ *A concussion is just a “bump to the head”*

This is FALSE! A concussion is actually a Traumatic Brain Injury (TBI) with symptoms that can range from mild → severe.

⇒ *It is not a concussion unless there is a loss of consciousness*

This is FALSE! Most concussions do NOT involve loss of consciousness.

⇒ *You need to wake someone with a concussion every 20 minutes.*

This is FALSE! Once the person has been medically evaluated, it is not dangerous to allow a child/adolescent with a concussion to sleep. In fact sleep is encouraged!

⇒ *A concussion must be diagnosed by an X-ray, MRI, or CT.*

This is FALSE! Concussions cannot be detected by imaging tests as it is a *functional* injury and not a structural injury.

⇒ *Your student must stay home in bed until all concussion symptoms have resolved.*

This is FALSE! It is recommended that your student return to school when symptoms are tolerable, usually within 48-72 hours.

The Truth about concussions and Return to Learn (RTL)

Most children/adolescents recover completely from a concussion within a couple of days to a couple of weeks. In the first few days following a concussion, it may be helpful to reduce stimulation in order to manage symptoms, but there is no need to take away all electronics such as TV or texting. Persistent problems can be related to the severity of the injury and may require additional medical follow up. With the concussion management team in place at school, the

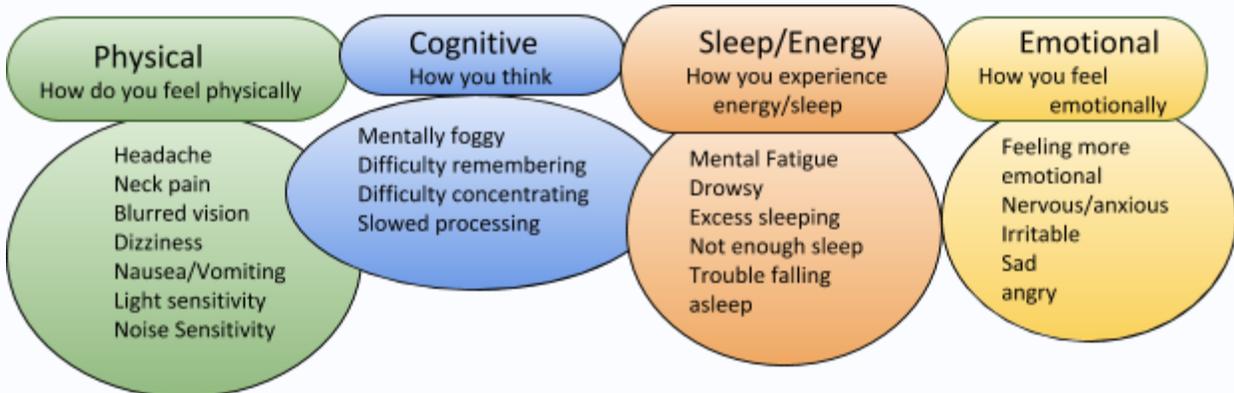
Jeffco Concussion Protocol Handbook



student is encouraged to return when **symptoms are tolerable**. Keeping a student out of school for an extended period of time can lead to unintended academic, social, and emotional problems. Short term, informal, temporary adjustments for academic support are usually all the student will need.

- ⇒ Symptoms from concussions are the most problematic in the first few hours/days following the injury.
- ⇒ Rest and decreased activity can be helpful right after the injury
- ⇒ Students can *gradually* return to daily routines, like going to school, after the first couple of days
- ⇒ If a student is well enough to participate in leisure activities and socialize, then school is a go!
- ⇒ Informal academic adjustments may be necessary but cannot be implemented if the student is not at school

Most children/adolescents look physically normal after a concussion and therefore, school staff may fail to recognize the need for academic or environmental adjustments following a concussion. It is important to be aware that symptoms fall into four domains;



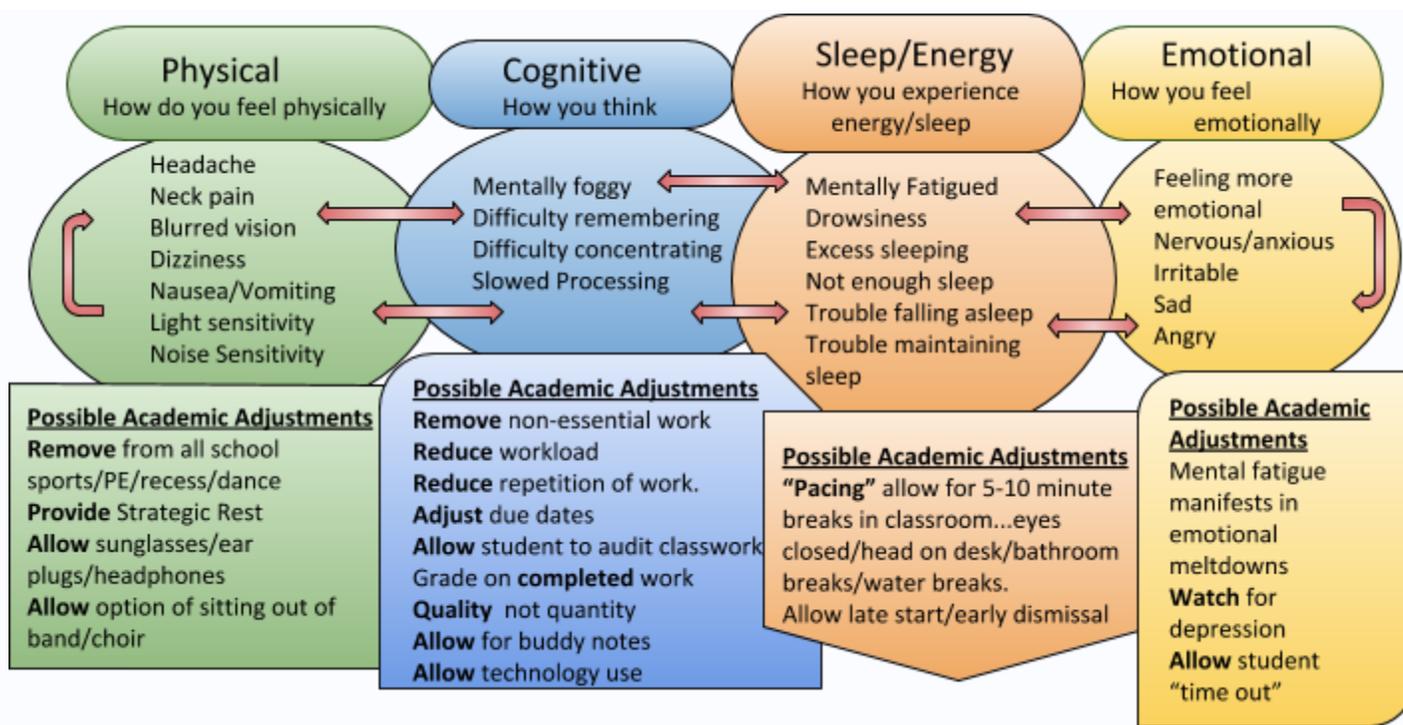
Introduction to TACT:

In order to provide the appropriate academic adjustments for each individual student, the teacher will be provided access to the **Teacher Acute Concussion Tool (TACT)**. TACT is an online customized concussion management program to help the general education classroom teacher(s) provide differentiated instruction to a student with a concussion. It is based upon each teacher's unique responses to 7 or 8 simple questions about their content and teaching style, time of day, etc. The program is initiated by the concussion coordinator on the first day the student returns to school following the concussion. The teacher will then receive a weekly email for 4 weeks with recommended adjustments that are based on clinical, research- based, and/or best practice approaches to concussion RTL management. The teacher will also be providing symptom feedback to the Concussion Coordinator each week. The goal is for the student to receive real time accommodations that begins immediately upon return to school.

Symptoms/ Symptom Management:

Symptom management is the # 1 priority, particularly in the beginning weeks of a concussion. The most common effects of a concussion on learning are: mental fatigue, slowed processing speed, and short term memory. These will be heightened for a student who has struggled with these effects in pre-concussion status. It is important to be at school, even with persistent, mild symptoms. Below are examples of standard adjustments associated with each domain:

Jeffco Concussion Protocol Handbook



What the concussion process looks like:

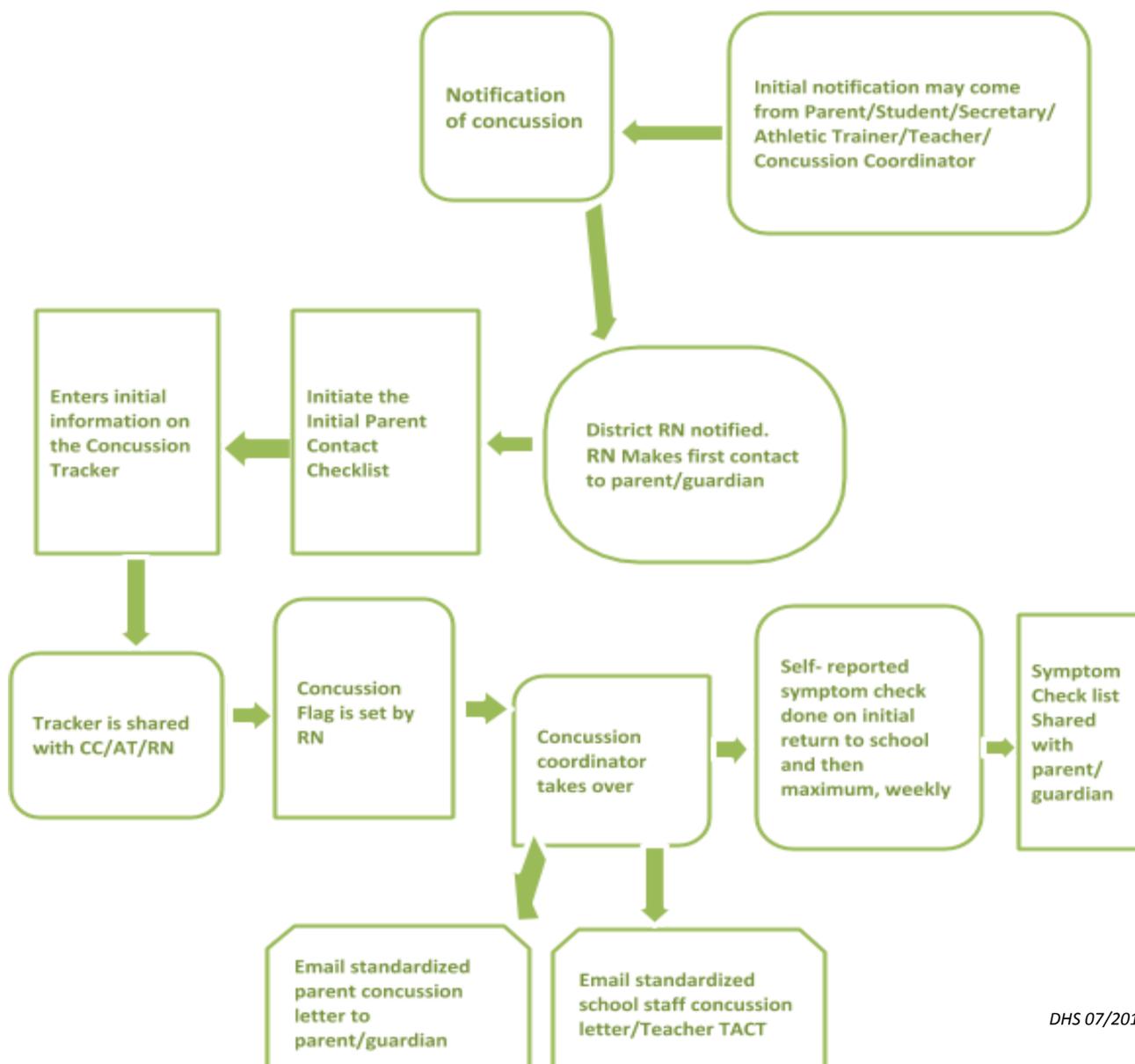
Communication is a vital part of supporting a student while recovering from a concussion. Below is the process that will be implemented starting with notification through clearance. We also outline the process for concussions that are not resolved in the typical time frame.

Concussion Notification:

- The Concussion Coordinator and/or the district RN is notified of the concussion by Attendance Secretary, Athletic Trainer, parent(s)/legal guardian, or any one who is made aware of the concussion.
- The concussion protocol can be activated based on provider diagnosis, parent(s)/legal guardian report, or suspected symptoms after confirmed injury.
- If a student reports sustaining a concussion or concussion symptoms without any documentation or report by an adult, notify the district RN to contact the parent(s)/legal guardian.
- District RN is notified of a concussion by the Concussion Coordinator, Attendance Secretary, Athletic Trainer, parent(s)/legal guardian, or any one who is made aware of a concussion. Concussion Coordinator begins the [Concussion Coordinator Checklist](#) to ensure all steps are being completed.
- The Jeffco employee witnessing the accident/injury is responsible for completing a [Risk Management Incident Report](#) if the injury/concussion occurred at school or at a school-related activity.
 - If the injury was unwitnessed the Health Aide is responsible for completing the report.
 - The AT or Coach witnessing the event should report the incident to the AD to have a [Risk Management Incident Report](#) completed.
- The district RN contacts the parent(s)/legal guardian and completes the [Initial RN Parent Contact Checklist](#)
- The district RN, Concussion Coordinator or the Athletic Trainer enters the information into the [Concussion Tracker 2019-20](#) located on Health Room encounter log document on a separate tab for Elementary and Middle Schools or on a separate document for High Schools.
- The Concussion Tracker is shared with the following people:
 - Elementary and Middle Schools - district RN, Concussion Coordinator, Concussion Resource RN, Health Aide back ups

Jeffco Concussion Protocol Handbook

- High Schools - district RN, Concussion Coordinator, Concussion Resource RN, Athletic Trainer, Athletic Director
- District RN sets the Concussion Flag in Infinite Campus. The district RN is the only one with the ability to add or take away a campus medical flag.
- Concussion Coordinator sends the standardized [Parent Concussion Letter](#) reviewing the concussion recovery process and a copy to the District RN
- Concussion Coordinator sends the standardized [School Staff Concussion Letter](#) and copies the district RN
 - ⇒ For Elementary/Middle School/Non-Athlete High School students notify:
 - Teachers/Counselor/Principal/Corresponding Assistant Principal/Health room back up(s)
 - ⇒ For High School athletics add Athletic Trainer and Athletic Director to above list.
 - The Students Teacher(s) will have a link, located in the standardized [School Staff Concussion Letter](#) email for TACT.
 - The link will lead them to information about TACT and a questionnaire to fill out to receive student specific best practice academic accommodations.
 - TACT will also provide a Jeffco embedded link to a Jeffco google form to gather information for the specific students concussion information



Jeffco Concussion Protocol Handbook



Concussion Recovery weeks 1 - 4

Concussion Recovery - Return to Learn (RTL)

- **There is no medical clearance required for Return to Learn**
- The first day of the injury/concussion is considered DAY 1. It is also DAY 1 of the recovery process.
- **Reduce and Rest** is most important in the first days of recovery
 - ⇒ Reduce input (TV/texting/noise/light/socialization)
 - ⇒ Rest. Sleep allows the brain to recover
- The student should begin attending school as soon as symptoms are tolerable.
- The parent(s)/legal guardian can have the medical provider sign the [Medication Agreement Form](#) if over the counter (OTC) medications are needed while at school for annoying symptoms.
- A [Student Concussion Symptom Review](#) will be done *maximum* weekly while the student is on the concussion protocol.
- The Concussion Coordinator will complete the first concussion symptom review upon the student's first day back to school
- A copy of the results will be sent to the parent(s)/legal guardian each week
 - Emailed or a hard copy sent home with the student
- The district RN will check in with the parent(s)/legal guardian to gather information and document in the Health Contact log
 - Symptoms at home
 - Follow up appointments
- Document all student health room visits regarding concussion in the Health Room Encounter log.
- If in the middle school or high school the Concussion Coordinator will give the student the [MS/HS Student Concussion Handout](#) upon students return to school.
- For students with moderate to large symptoms a partial/abbreviated day may be necessary.
- Student may or may not need academic adjustments in every class.
- TACT emails will be sent to the teacher during weeks 2, 3 and 4 of the students' concussion.
 - RTL support recommendations specific to the individual student will be listed.
- Academic adjustments will be determined between teacher and student as directed by the TACT email. Typical adjustments may include;
 - REDUCTION of essential work
 - REMOVAL of non-essential work
 - EXTENDED TIME to complete assignments, projects, or tests
 - Frequent rest breaks if needed
 - Sunglasses in class or earplugs (lunchroom/hallways/band or orchestra) to help reduce symptoms
- The PE Teacher will follow school day physical activity restrictions
 - They are followed in order to prevent secondary injury.
 - **NO PE**
 - **No Recess (Student to sit inside supervised)**
 - **NO Weight Lifting**
 - **No Contact or Collision Activities**

Jeffco Concussion Protocol Handbook



Tests/Quizzes/Exams

- Tests during this time will be symptom dependent
- Keep Tests/Quizzes/Exams to a minimum in **recovery weeks 1 - 2** if symptoms are present
- During **recovery weeks 3 - 4**, if the student continues to have symptoms attempt Tests/Quizzes/Exams with the following information and adjustments in mind:
 - Has the student had the opportunity to learn the content without cognitive symptoms (post-concussion absences)?
 - Does the student show enough mastery of content to be able to test
 - Adjustments should be considered for students who are able to test during this recovery period
 - Longer time to complete test
 - Shorter test
 - Can the test be altered or supported (ie. open book, multiple choice)
 - Is there another way for the student to show mastery of content (ie. in depth conversation with the teacher, class project)

Standardized Testing (CMAS, MAPS, PSAT/SAT)

Colorado Department of Education (CDE) states that some experts recommend those students who are flagged for a health condition of a concussion should not participate in standardized testing. The CDE Assessment Team also states that such blanket statements cannot be made for these students due to each student's individualized recovery period being different.

With each case being unique, please contact your Concussion Resource RN with a concussed student's information regarding current symptoms, academic adjustments, and behavior in the classroom. Further information will be provided for each individual student.

Concussion Clearance for Elementary, Middle School and High School Non-Athlete

- If medical clearance is received stating that the student is cleared from their concussion
 - Wait 4 days for GRTP to be completed.
 - On day 5, the concussion health flag can be removed and the student can participate in all "School Day Physical Activities".
- If a parent(s)/legal guardian does not respond to calls/emails from district RN, parent(s)/legal guardian does not provide approval, or medical clearance is not received to return the student to school day activity:
- The Concussion Coordinator completes a [Student Concussion Symptom Review](#) with the student
- The Concussion Coordinator checks with the student's teachers regarding:
 - Academic adjustments being used
 - Behavior in the classroom
- If no symptoms are reported, the parent(s)/legal guardian is contacted and sent the [Parent/Guardian Approval to Return to School Day Activities following a Concussion](#)
- Inform the parent(s)/legal guardian to return the signed approval form by date determined by the Concussion Coordinator.
 - Document all contact attempts in the comment section of the health contact log of Infinite Campus.

Jeffco Concussion Protocol Handbook



- If the student is not having any self reported symptoms, the teacher(s) are no longer providing any academic adjustments or have any concerns - inform the parent(s)/legal guardian that GRTP can be completed at home for 4 days and if still no symptoms the student will be cleared and flag will be removed.
- Students in elementary school/middle school/high school *non-athletes* are expected to complete gradual return to play (GRTP) at home under medical provider direction
- Students participating in high school athletics will complete GRTP only under the supervision of the Athletic Trainer
- GRTP must be completed before the student will be allowed to return to school day physical activities (recess/PE).
- **If the student continues to have symptoms and the use of academic adjustments after 4 weeks, notify the Concussion Resource Nurse. See Protracted Concussion Symptoms.**
- Once clearance has been received
 - The Concussion Coordinator sends an email and copies the district RN stating the student has been cleared from the concussion protocol.
 - For Elementary/Middle School/Non-Athlete High School Students notify: Teachers/Counselor/Principal/Corresponding Assistant Principal/Health room back up(s)
 - The student can then begin full participation in School Day Physical Activities (PE/Weight Lifting/ Recess)
- District RN resolves the Concussion Flag in Infinite Campus
 - Update Flag Documentation as follows:
 - Enter the End date
 - Change Status to “Resolved”
 - In comments: Date and who cleared student, ie parent(s)/legal guardian or medical provider, your initials (T grishman)

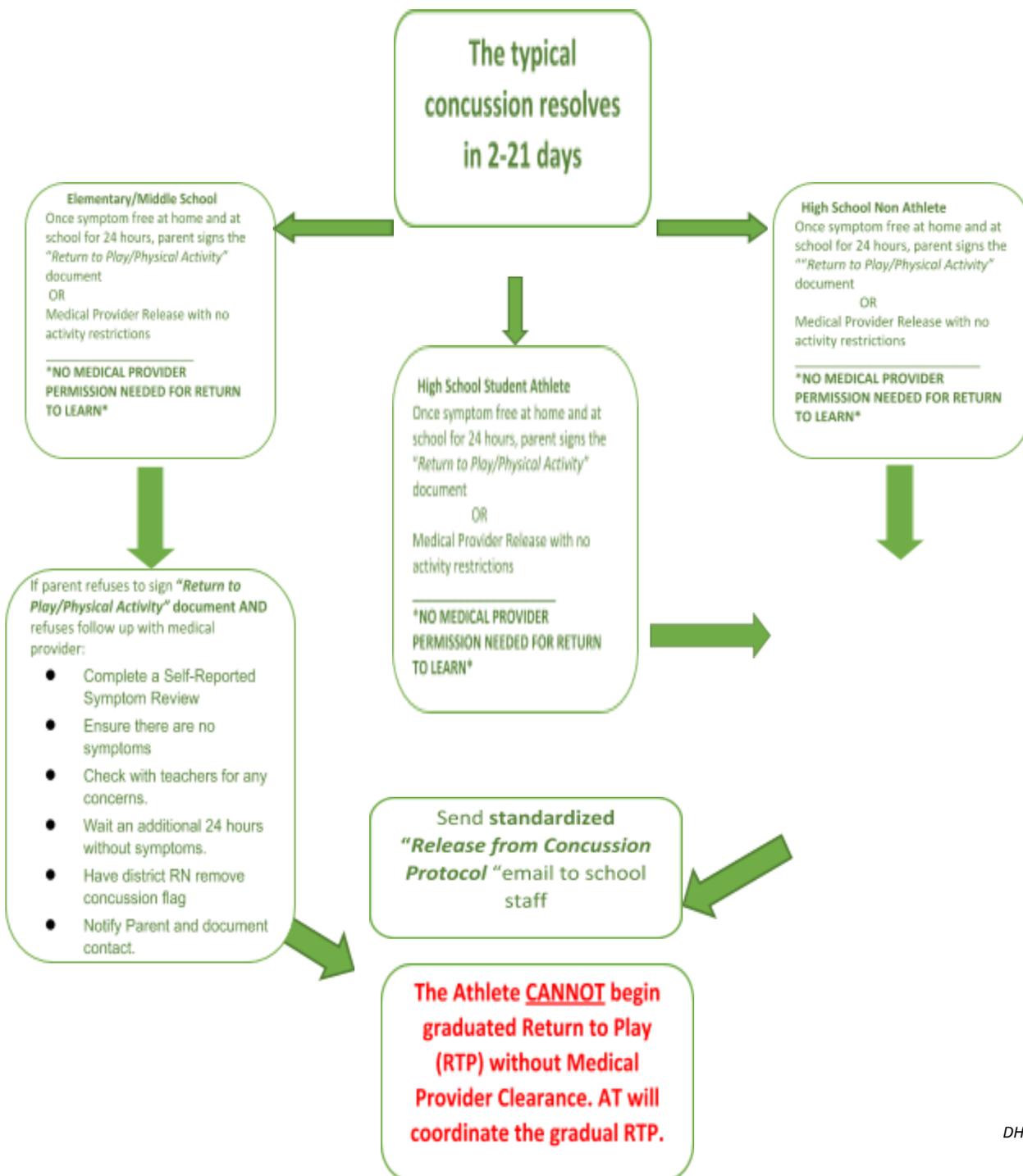
Concussion Clearance - CHSAA Sponsored Sport/ Activity - Student Athlete

- Health Care Provider approval is Always Required for student athletes to return to athletic practice or athletic play after a concussion.
- **If the student continues to have symptoms and the use of academic adjustments after 4 weeks, notify the Concussion Resource Nurse. See Protracted Concussion Symptoms.**
- Medical Provider clearance must be submitted to the Concussion Coordinator, Athletic Trainer or district RN
- The Athletic Trainer, Concussion Coordinator, district RN will continue to update the Concussion Tracker
- The Athletic Trainer will continue to communicate the students’ symptoms with the Concussion Coordinator or district RN.
- The Concussion Coordinator sends an email and copies the district RN stating the student has been cleared from the concussion protocol.
 - ⇒ For High School student athletes notify:
Teachers/Counselor/Principal/Corresponding Assistant Principal/Health room back up(s),
Athletic Trainer and Athletic Director
- The district RN resolves the Concussion Flag in Infinite Campus
 - Update Flag Documentation as follows:
 - Enter the End date
 - Change Status to “Resolved”

Jeffco Concussion Protocol Handbook



- In flag comments: Date and who cleared student, ie parent(s)/legal guardian or medical provider, your initials (T grishman)
- **Flag User Warning UPON End Date:** Put the date concussion protocol was started and what date it was ended.
- The Student can now begin Graduated Return to Play Protocol with the AT.
- If the student athlete is injured in one sport/activity and plays any other sport/activity throughout the entire school year, refer to the AT for Return to Play protocol.
- Athletic Trainer will follow Return to Play Guidelines for CHSAA student athletes and will direct the parent(s)/legal guardian how this process works per the [CDE Concussion Management Guidelines](#)



Concussion Recovery weeks 4 - 6

Protracted Concussion Symptoms

- If the student continues to have concussion symptoms at 4 weeks, the district RN is to notify the Concussion Resource Nurse
- The Concussion Resource RN will follow up with parent(s)/legal guardian and convene a Problem Solving Team (PST)
 - The School Counselor/ Administrator coordinator takes the lead for PST meeting and outcomes.
 - The school PST team members typically consist of :
 - Administrator
 - Counselor
 - Teacher
 - PE Teacher
 - Mental health staff
 - School athletic staff (if Student Athlete)
 - District RN
 - Concussion Resource RN
 - Concussion Coordinator/Health Aide
- PST will meet to discuss students' information
 - Symptoms
 - Current Adjustments and the outcome
 - Deficiencies in learning
 - Students previous medical history
- Concussion Resource Nurse to contact parent(s)/legal guardian to find out further follow up information with medical provider
- Concussion Coordinator, Concussion Resource Nurse, and district RN to continue to monitor symptoms weekly

Concussion Recovery weeks 6 - 10

Unresolved Concussion Symptoms

- Concussion flag is end dated and student should be flagged by the persistent symptom(s) he/she is having. (i.e. headaches, anxiety, sleep disturbances, POTs, etc.).
- NO STUDENT SHOULD HAVE A CONCUSSION FLAG AFTER 6 WEEKS.
- District RN confirms activity guidelines through physician pertaining to student's new diagnosis
- Continue meeting with the PST team and at this point discuss:
 - Determine what medical care has been provided and what are the continued barriers to recovery.
 - Determine what academic adjustments have been provided, effective vs non effective.
 - Obtain a medical release of information
 - Teachers should continue to provide input regarding academic performance
 - Student provides feedback on academic engagement/performance/struggles
 - Encourage Concussion Specialist evaluation

Jeffco Concussion Protocol Handbook



- [Referral to Jeffco BrainSTEPS](#)
- Consider a 504 for the underlying condition/current symptoms (i.e. ADHD, headaches, processing speed, memory, anxiety/depression, sleep disturbances, POTS, etc.) as evidenced by [Student Concussion Symptom Review](#), as documentation of the underlying concern.
- A 504 should **NOT** be written for “Concussion”
- District RN provides medical resources [include School-based Health Center]
- Parent(s)/legal guardian refuses to take student to medical provider - consider mandated reporting guidelines.

Concussion Resources

- **The Center for Disease Control and Prevention (CDC)**
[Heads Up](#)
- **Colorado Department of Education (CDE)**
Concussion Management Guidelines
[Colorado Department of Education Concussion Management Guidelines](#)
- **Karen McAvoy**
The **REAP** Project
[REAP Concussion Management Guidelines](#)
A Community Based Model For *Concussion Management*
[Get Schooled on Concussions](#)
- **The Colorado Children’s Hospital Concussion Program- Jody Krause and David Baker**
[Concussion and Mild Traumatic Brain injury](#)
- **The Colorado Children’s Hospital**
[Concussion Comeback Plan](#)

Jeffco Concussion Protocol Handbook

