

Concussion: Return to Learn for All Students

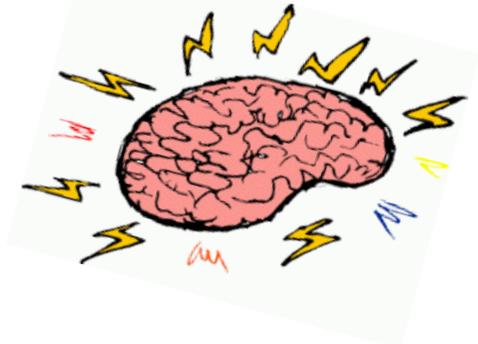


Concussion definition:

Mild traumatic brain injury (mTBI) caused by a bump, blow or jolt to the head or 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 and creating chemical changes in the brain.

Children (birth to 17 years old) had 16,070 TBI-related hospitalizations in 2019 and 2,774 TBI-related deaths in 2020.

[Source: CDC]



The brain needs to heal after a concussion. Rest is an integral part of healing—ensure a good nights sleep, and build in brain breaks during the day. It is an outdated practice of waking up kids following a concussion throughout the night.

Students should return to school even with tolerable symptoms, usually 48-72 hours following an injury. Cocoon Therapy and complete cognitive rest is no longer best practice.

Find a balance—A student may experience more emotional impacts and prolonged symptoms if they are removed from their day for too long. Completely removing all electronic devices, social media and homework is not best practice.

Colorado Law Covering Concussion

Senate Bill 11-040

The Jake Snakenberg Youth Concussion Act

This bill requires that students 11 through 18 years of age are protected by:

- Coaches receiving education about concussions.
- A student athlete is removed from the field of play if a concussion is suspected.
- The student be signed off by a healthcare professional before returning to play.

Medical Clearance IS NOT needed following a Concussion to complete Return to School OR Return to Learn.

Please check legislation for **Return to Play** requirements

School Management of a Concussion

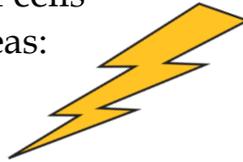
- ⇒ Students should not engage in physical activity in which they are at risk of being reinjured until all concussion symptoms have resolved, academic adjustments are no longer needed and a Return to Play has been completed (for ALL students)
- ⇒ Academic supports may be needed in the form of short-term academic adjustments that are fluid and individualized based on the student's symptoms.
- ⇒ Weekly check-ins for **Symptoms**, **Academic** and **Mental Health** monitoring
- ⇒ Reduce input and increase Rest



Return to Learn Implications

Energy crisis is due to an inefficiency of cells can lead to symptoms in some or all areas:

- ✎ **Physical** (e.g., headache)
- ✎ **Decreased Energy/Fatigue or Sleep Issues**
- ✎ **Emotional/Behavior** which can be displayed as frustration, outbursts, or other behaviors that are not the students baseline. Find a trusted adult the student is willing to talk to weekly to check in with to identify any emerging needs.
- ✎ **Cognitive** which can be reflected in decreased processing speed, memory, executive functioning, attention, etc.



Develop a relationship with your students to help recognize signs of depression.

People with brain injury of any severity have 2 to 4 times the risk of attempting or completing a death by suicide.

(Source: NASHIA)

Want more information?

See the Colorado Department of Education (CDE):

- Brain Injury website: www.cde.state.co.us/healthandwellness/braininjury
- Concussion Management Guidelines: www.cde.state.co.us/healthandwellness/braininjury
- Brain Injury in Children & Youth – A Manual for Educators: www.cde.state.co.us/cdesped/tbi_manual_braininjury
- CO Kids with Brain Injury: <https://cokidswithbraininjury.com/educators-and-professionals/brain-injury-matrix-guide>

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