



Why Your School Needs a Concussion Management Team



Did you know:

- Children (birth to 17 years old) had 16,070 TBI-related hospitalizations in 2019 and 2,774 TBI-related deaths in 2020.
- Falls, motor vehicle crashes, and being unintentionally struck accounted for 84% of all TBI-related emergency department visits and 76% of all TBI-related hospitalizations.

After sustaining a concussion (mild traumatic brain injury or mTBI), research indicates that students should return to school following a short period of rest (approximately 48 hours following the injury) even with tolerable symptoms.

Having a standardized concussion process in schools that support students and educators before an injury occurs will allow an injured student to:

- **Recover faster**
- **Remain in school while recovering**
- **Experience lower stress**

Building a Concussion Management Team (CMT) requires a *minimum* of two people:

1. **S**ymptom Monitor: monitors the student's symptoms one time per week
2. **A**cademic Monitor: monitors the student's academics one time per week
3. **M**ental Health Monitor: this is not a mandatory role. However, with the increased risk of mental health concerns following a brain injury it is important to be prepared to support the student.

70% of concussions resolve within the first month when supported appropriately by the educational system. It is important that immediate academic adjustments are implemented to best support the student recovery.

- In one large study of juvenile offenders, approximately 33% of the sample had a history of TBI (traumatic brain injury) compared with only 12% in the general population.
- People who experience homelessness are 2 to 4 times more likely to have a history of any type of TBI.

CDE offers multiple **free** trainings for specific disciplines and technical support to help develop a CMT and plan for your school team. The provided information is based on research and current evidence based recommendations.

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