

Shenandoah Valley Adventist Elementary Concussion Protocol

1. All school personnel will receive basic concussion training.
2. When a student sustains a bump, blow or jolt to the head, face, and/or neck, or a hit to the body that results in transmission of an impulsive force to the head, the parent will promptly be notified of the incident. The student may be transported for further medical evaluation or 911 may be called for emergency care.
3. If it is determined that a concussion was sustained, the school, parents, and medical staff (of student and/or school) will determine the next steps in the child's recovery and will begin to plan for a return to learn and return to play scenario.
4. The return to learn and return to play plan will be communicated with the parents and student and will be in accordance with instructions provided by the evaluating medical facility (when applicable) and with the return to learn and return to play protocols of Shenandoah Valley Adventist Elementary.

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Return to Learn and Return to Play Concussion Protocols

What is a concussion?

A concussion is a type of traumatic brain injury that impairs normal function of the brain. It occurs when the brain moves within the skull as a result of a blow to the head, face, neck or elsewhere on the body. The sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain. Once this injury occurs, the brain is vulnerable to further injury and very sensitive to any increased stress until it fully recovers. What may appear to be only a mild jolt or blow to the head or body can result in a concussion.

Helpful Concussion Information

- If a blow to the head or a suspected concussion occurs, the student must immediately be removed from activity and must not return until evaluated by a health professional.
- The vast majority (more than 95%) of concussions do not involve a loss of consciousness
- A concussion cannot be diagnosed by MRI or CT scans.
- All blows to the head or suspected concussions must be taken seriously and be reported immediately to the parents and/or taken to a medical facility for evaluation.
- The signs, symptoms and behaviors associated with a concussion may develop over a few hours or longer.
- A student should be closely watched following a suspected concussion and should never be left alone.
- Signs that may be observed:
 - *Loss of Consciousness (even if brief)
 - *Seizure
 - *Increasing sleepiness
 - *Worsening headache
 - *Persistent vomiting
 - Dazed or stunned appearance
 - Confusion
 - Forgetful, for example, difficulty following instructions
 - Clumsy movements
 - Slow response to questions
 - Mood, behavior or personality changes
 - Inability to recall events either prior to or after the hit or fall

*Red Flags requiring immediate transport to an emergency department

- Symptoms that may be reported by student:
 - Headache or “pressure” in head
 - Nausea or vomiting
 - Balance problems or dizziness

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- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Feeling emotional, uneasy or down.

Concussion Recovery

The first step in recovering from a concussion is rest. Physical and mental rest are essential to help the brain heal. Exposure to light screens, loud noises, bright lights, phones, mental activities requiring concentration and attention all may worsen symptoms and delay recovery.

Cognitive Recovery

Following a concussion, a student may experience cognitive and academic difficulties that may last from days to weeks. These difficulties often include sensitivity to sounds and bright lights, and short-term problems with speech, language, reasoning, planning, and problem solving. The school will accommodate the gradual return to full participation in academic activities as appropriate, based on the recommendation of the student's licensed health care provider.

Some students may need total rest with a gradual return to school, while others will be able to continue doing academic work with minimal instructional accommodations. The decision to progress from one phase to another should reflect the absence of any relevant signs or symptoms, and should be based on the recommendation of the student's appropriate licensed health-care provider in collaboration with the school nurse.

Return to Learn

- Phase 1: Cognitive and physical rest may include:
 - Limited reading, computer use, texting, light screen exposure
 - Flexible deadlines for school work
 - No driving
 - Minimal physical activity
- Phase 2: Light cognitive mental activity may include:
 - Up to 30 minutes of sustained cognitive exertion
 - No periods of prolonged concentration
 - No driving
 - Limited physical activity

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- Phase 3: School: Part-time
 - Student will progress to part-time school attendance when able to tolerate a minimum of 30 minutes of sustained cognitive exertion without worsening of symptoms or return of previously resolved symptoms.
 - Instructional modifications may include
 - Shortened days with built-in breaks
 - Modified environment as needed
 - Exclusion from standardized and classroom testing
 - Extra time, extra assistance, and/or modified assignments
 - Established learning priorities
 - Rest and recovery once out of school
 - Elimination or reduction of homework

- Phase 4: School: Moderate Instructional Modifications
 - Student will progress to this phase when able to tolerate part-time return with moderate instructional modifications without worsening of symptoms or return of previously resolved symptoms.
 - Moderate instructional modifications may include:
 - Established priorities for learning
 - Limited homework
 - Alternative grading strategies
 - Built-in breaks
 - Modified and/or limited classroom testing, exclusion from standardized testing
 - Reduction of extra time, assistance, and/or modification of assignments as needed

- Phase 5: School: Minimal instructional modification
 - Student will progress to the minimal instructional modification phase when able to tolerate full-time school attendance without worsening of existing symptoms or return of previously resolved symptoms.
 - Instructional strategies may include:
 - Built-in breaks
 - Limited testing, exclusion from standardized testing
 - Reduction of extra time, assistance, and modification of assignments
 - Continuation of instructional modification and supports where needed.
 - that require cognitive overexertion and stress.

- Phase 6: School: No instructional modifications
 - Student will progress to nonmodified school participation when able to handle sustained cognitive exertion without worsening of symptoms or return of previously resolved symptoms.
 - Attends all classes; maintains full academic load/homework; requires no instructional modifications.

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Progression through the above phases shall be governed by the presence or resolution of symptoms resulting from a concussion.

If symptoms worsen, the activity should be discontinued for at least 20 minutes and the student allowed to rest. If the symptoms

- Are relieved with rest, the student may reattempt the activity at or below the level that produced symptoms
- Are not relieved with rest, the student should discontinue the current activity for the day and reattempt when symptoms have lessened or resolved (such as the next day).
- Persist or fail to improve over time, additional in-school support may be required with consideration for further evaluation. If the student is three to four weeks post injury without significant evidence of improvement, the student's name may be submitted to the Student of Concern Committee for evaluation.

Return to Play

- No student shall participate in moderate to vigorous activity or athletic pursuit the same day he/she has sustained a blow to the head or a suspected concussion.
- A student may enter the return to play phases when he/she:
 - Attends all classes, maintains a full academic load/homework, and requires no instructional modifications
 - No longer exhibits signs, symptoms, or behaviors consistent with a concussion, at rest or with exertion
 - Is asymptomatic during, or following periods of mild exercise (such as walking)
 - Receives a written medical release from an appropriate licensed health-care provider

Based on Potomac Conference suggestions, VADOE's Concussion protocols and National Federation of State High School Associations' suggested guidelines