



Concussion Management for Return-to-Learn Procedure (Upper School)

Introduction

The purpose of this protocol is to have a gradual process to help transition the student through an academic plan while the student is recovering from a concussion, and to create a supportive and communicative network for the recovering student. The Potomac School uses the STAMP (Symptom Targeted Academic Plan) developed by Children’s National Health System to outline specific accommodations that will foster the best learning environment for the student. The Potomac School uses the ACE Post-Concussion Gradual Return to School program from Children’s National Health System to gradually assist the student to return to a normal academic day and to create the student’s Concussion Return-to-Learn action plan. Please note that the guidelines begin immediately after the first report of the injury.

Concussion Management and Recovery Team Members and Roles: Upper School

Team Member	Role	Communication Responsibility
Head/Assistant Athletic Trainer	Monitor Symptoms	Communicate with student daily Communicate symptoms with Concussion Recovery Team
Learning Specialist(s)	Create RTL Action plan Liaison between the student and teachers Liaison between advisor and student	Initial RT Action Plan meeting with student, advisor, and counselor Communicate with grade dean weekly Communicate plan to parent(s)
Grade Dean <i>(Academic Point Person)</i>	Initial liaison between the student and teachers (<i>pre-diagnosis</i>). Communicate with parent(s)	Inform teachers of initial injury Communicate with parent(s) weekly Communicate with student weekly
Advisor	Provide emotional support to student Attend initial RTL Action Plan meeting with learning specialist	Communicate updates to learning specialist(s) and grade dean
Counselor	Provide additional support for student with mental health needs Attend initial RTL Action Plan meeting with learning specialist and advisor	Communicate with athletic trainer regarding mental health concerns <i>*with the consent of the student</i>

**RTL Action Plan = Concussion Return-to-Learn Action Plan*

Communication

Using a symptom-based recovery approach requires consistent communication between the student, parent(s), and Concussion Management Recovery Team. Before a student is clinically diagnosed with a concussion, the grade dean will alert teachers that the student may need modifications and adjustments to workload, and no tests/quizzes should be given until further notice. After clinical diagnosis from the onsite athletic trainer, the student is expected to check in with the athletic trainer daily. Based on the information received from the student, the athletic trainer will assist the learning specialists with symptom-based academic accommodations. The advisor will continue to ease any concerns the student may have regarding recovery, and will meet with the student during advisory periods. The student should check in with the grade dean once a week about information regarding the Concussion Return-to-Learn Action Plan. The learning specialist will use the information received from the grade dean, athletic trainer, teachers, and advisor to create and update the Concussion Return-to-Learn Action Plan as needed. The grade dean will contact the parent(s) of the recovering student weekly to update regarding the student's progress. If a parent would like an update regarding the Concussion Return-to-Learn Action Plan, the best point of contact would be the grade dean

Additionally, the counselor will help support any student that is suffering from mental health issues. The counselor respects confidentiality and will provide the student and/or parent an opportunity to share any pertinent mental health concerns with the athletic trainer. Any additional and necessary support regarding mental health will be decided upon by the counselor.

Off-Campus Recovery Plan

If a student chooses to receive care from an appropriate licensed healthcare provider outside of The Potomac School, the parent must communicate all relevant information to the athletic trainer. The athletic trainer will relay all pertinent information to the Concussion Management and Recovery Team to determine the best way to support the student through the physician-guided concussion recovery plan.

It is important to note that the school has daily communication with the student; therefore, it helps the recovery process when the Concussion Management and Recovery Team and the student's chosen healthcare provider communicate and work together.

Information Regarding ACE Post-Concussion Gradual Return to School

The Potomac School uses the ACE Post-Concussion Gradual Return to School program from Children's National Health System to academically assist the student until fully recovered. This five-stage stepwise program consists of progressive return-to-learn modifications of academic work based on the student's tolerance and reproduced symptoms. Stage placement is determined by the athletic trainer and learning specialist, based upon the Cognitive Readiness Challenge and Post-Concussion Symptom Inventory, which are to be completed during the mandatory 24-hour rest period following the diagnosis. In order for a student to progress to the next step, the symptom status must improve as academic accommodation is decreased. A student will be

cleared to return to a full academic day with no supports once the student has proven to have no active symptoms or no exertional effects after attending all classes.

The ACE Post-Concussion Gradual Return to School Program is included at the end of this document.

Faculty Action Plan for Assignments

With the understanding that every concussion is different, some students may take a longer time to recover. In the event the student needs academic support, teachers will work with the learning specialists to devise a concussion recovery return-to-learn plan for upcoming and missed assignments, with the following designations:

Excused: The student will not be held responsible to make up an assignment.

Responsible: The student must complete an assignment, with or without supports (see below).

No Supports Required: The student is cognitively and physically capable of completing assignments on time.

Additional Supports Necessary: The student will need academic accommodations to complete the assignment, which may include extensions.

Please note that instructional strategies and adjustments based on a student's symptoms are included in the student's return-to-learn concussion recovery plan.

**In extenuating circumstances, the director of curriculum and academics, learning specialist, counselor, and grade dean will meet to discuss and plan any changes to major academic requirements that are under consideration for modification.*

Name: _____ Date: _____

ACE Post-Concussion Gradual Return to School

Stage	Description	Activity Level	Criteria to Move to Next Stage	Date Criteria Met
0	No return, at home	Day 1 - Maintain low level cognitive and physical activity. No prolonged concentration. Cognitive Readiness Challenge: As symptoms improve, try reading or math challenge task for 10-30 minutes; assess for symptom increase.	To Move To Stage 1: (1) Student can sustain concentration for 30 minutes before significant symptom exacerbation, AND (2) Symptoms reduce or disappear with cognitive rest breaks* allowing return to activity.	
1	Return to School, Partial Day (1-3 hours)	Attend 1-3 classes, intersperse rest breaks. No tests or homework. Minimal expectations for productivity.	To Move To Stage 2: Symptom status improving, tolerates 4-5 hours of activity-rest cycles; 2-3 cognitive rest breaks built into school day.	
2	Full Day, Maximal Supports (required throughout day)	Attend most classes, with 2-3 rest breaks (20-30'), no tests. Minimal HW ($\leq 60'$). Minimal-moderate expectations for productivity.	To Move To Stage 3: Symptom number & severity improving, needs 1-2 cognitive rest breaks built into school day.	
3	Return to Full Day, Moderate Supports (provided in response to symptoms during day)	Attend all classes with 1-2 rest breaks (20-30'); begin quizzes. Moderate HW (60-90') Moderate expectations for productivity. Design schedule for make-up work.	To Move To Stage 4: Continued symptom improvement, needs no more than 1 cognitive rest break per day	
4	Return to Full Day, Minimal Supports (Monitor final recovery)	Attend all classes with 0-1 rest breaks (20-30'); begin modified tests (breaks, extra time). HW (90+) Moderate- maximum expectations for productivity.	To Move To Stage 5: No active symptoms, no exertional effects across the full school day.	
5	Full Return, No Supports Needed	Full class schedule, no rest breaks. Max. expectations for productivity. Begin to address make-up work.	N/A	

*Cognitive rest break: a period during which the student refrains from academic or other cognitively demanding activities, including schoolwork, reading, TV/games, conversation. May involve a short nap or relaxation with eyes closed in a quiet setting.