

Transitioning Back to School After a Brain Injury: Understanding Oregon Law

The Problem and Importance of Multidisciplinary Communication and Coordination

Each year, thousands of Oregon school children sustain brain injuries that can significantly impact a student's cognitive, emotional, and physical abilities. "Return to School" planning is critical for students to receive the necessary accommodations to succeed academically, socially, and emotionally during recovery. Oregon Revised Statute (ORS) 336.495; Oregon Administrative Rule (OAR) 581-021-3007 requires Oregon schools to assess students for a Return to School Plan following notification of a brain injury. Schools must follow the Oregon Department of Education's (ODE) [procedures](#) and use the [Immediate Temporary Accommodations Plan](#) (ITAP), to facilitate a successful Return to School. When timely [accommodations](#) are put in place, the likelihood of lasting adverse consequences is reduced. We can lower the risk of reinjury, protect against academic failure, and reduce the risks for anxiety, depression, and self-harm. Every student deserves this critical support, and health care providers can facilitate this by informing parents/caregivers to notify their child's school after a brain injury and by utilizing the ITAP to provide baseline data on the student's condition to school staff. **Together, we can help students safely and effectively transition back to learning and their community after a brain injury.**

Adoption and Implementation of the Oregon ITAP (ORS 336.495; OAR 581-021-3007)

Upon written notification, as defined by OAR 581-021-3007, from a parent/guardian, ORS 336.495 requires public schools to assess a student with a brain injury/concussion and evaluate the student's need for an ITAP to support their recovery. Even without written notification, assessment and planning may still be initiated, and in some cases may be required to align with other laws e.g. Child Find (See Q6 of [ODE ITAP FAQ](#)). School staff should conduct care coordination with a parent/guardian and providers to enhance support and outcomes.

An ITAP:

- **Prioritizes Safety:** Immediately limit physical activities to prevent reinjury. The risk of further brain injury is significantly elevated due to the brain's heightened vulnerability during the recovery period.
- **Supports Recovery:** Most students can return to school within 1-2 days of a concussion but will still be experiencing some symptoms that impair their ability to fully participate in school. Getting students back to school as soon as tolerated after a concussion with appropriate accommodation can enhance their successful recovery.
- **Individualizes Student Support:** Each concussion is unique, but most impair attention, memory, processing speed, stamina, and emotional regulation and require adjustments such as reduced workloads, extended deadlines, and scheduled breaks. A "Return to School" plan via an ITAP ensures these needs are systematically addressed through tailored physical, academic and social-emotional accommodations.

- **Builds a Path to Long-Term Support:** Typical recovery time is about a month, but up to 1/3 of youth will experience persistent symptoms beyond this. Providing appropriate early supports can mitigate longer term symptoms. A poorly managed recovery can prolong symptoms, worsen functioning, and contribute to long-term cognitive, emotional, or behavioral challenges.

Role of Community Health Care Providers

- **Trusted Messengers:** Health care providers are a trusted source of information for youth and their families. Annual well child visits, sports physicals, and other routine visits provide opportunities for patient education about the importance of preventing, recognizing and responding to brain injuries, including the importance of a Return to School plan.
- **Concussion Diagnosis and Management:** Assessment by a qualified medical provider is required to diagnose a concussion, rule out other injuries, and create a medical plan of care and follow up. (See guidelines at the [American Academy of Pediatrics](#) (AAP) and the Centers for Disease Control and Prevention (CDC) for [Return to School](#) links.) Documentation of baseline concussion symptoms is essential for ongoing follow up. ([CDC Pediatric mTBI management link](#).)

- **Communication and Coordination with Schools:** After a student is diagnosed with a concussion, or other brain injury, it is essential to provide medical documentation for caregivers to share with their child's school and be responsive to school staff's requests for more information. School nurses are an important resource for community health care providers since they often provide ongoing student treatment and monitoring after a brain injury and act as a liaison between students, families, educators, and healthcare providers.

Federal guidance for health care providers, including those regulated by FERPA and those regulated by HIPAA, addresses the ability to communicate directly for continuity of care, supporting communication between providers and school nurses. See the [Joint Guidance on the Application of the Family Educational Rights and Privacy Act \(FERPA\) And the Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) To Student Health Records.](#)



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