

RETURN TO SCHOOL PROTOCOL AFTER SUSTAINING A TBI

Ohio Adolescent Health Partnership Symposium

9/15/14

Sara Timms, Ed.S.
School Psychologist
Columbus City Schools

Ohio's expanded definition of TBI

- ◎ State definition of TBI (continued)
 - The injuries result in impairments in one or more areas such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychological behavior; physical functions; information processing; and speech.

Ohio's expanded definition of TBI

- ◎ State definition of TBI (continued)
 - The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

TBI Project

- Columbus City Schools partnered with Disability Rights Ohio to better identify and serve children with TBI.
- Pilot began in 2006-2007 school year.
- Increase number of children identified as TBI.
- Increase awareness; educate about TBI.
- Better serve and support students with TBI.

TBI Project Components

- Designation of school psychologist to work specifically in area of TBI.
 - Consult with district personnel
 - Attend IAT meetings
 - Conduct TBI initial/ reevaluations/ periodic reviews
 - Attend Nationwide Children's Hospital school re-entry meetings
 - Conduct in-services

TBI Project Components

- School Psych cont.
 - Work with OSU/ NCH Sports Medicine/ CCS Athletic Trainers to educate teachers/ coaches/ athletes about concussion- Developed a RTP & school based concussion mgt. protocol
 - Create concussion plans for sport/ non-sport concussions
 - Collaborate/ consult with school nurses/ AT's

TBI Project Components

- Awareness materials shared with teachers, parents, and staff at all meetings for students with TBI
- In-service Training to school staffs, nurses, athletic dept., etc..
- Posters at all school buildings and feeder sites
- Tri-fold handouts

TBI Project Components

- School nurses send out Parent Questionnaire to all students containing some questions related to head injury (e.g., “Has your child ever lost consciousness?” “...been admitted to hospital after hitting their head” “...had brain surgery?”)
- If parent answers “yes” to any of those questions, the Brain Injury Survey is used to gain more information.
- School nurses notify the school psychologist of the positive survey.

TBI Project Components

- IAT meeting is held to discuss TBI and team decides if disability is suspected / obtain consent
- Students are evaluated for special education eligibility by school psychologist
- If disability under IDEA is not suspected, alternative educational plan is recommended (intervention plan, 504 Plan, medical plan...)

TBI Project Components

- ◎ Focus on smooth transition from hospital to school.
 - TBI school psychologist, school nurse, parent mentor, and school personnel attend school re-entry meeting at Nationwide Children's Hospital
 - Entire rehab team (therapists, medical professionals, social worker, teacher...) presents current medical condition and recommendations for the student as they return to school after the TBI.

TBI Identification

- ◎ Why identify a student TBI instead of another disability such as SLD, ED, or OHI?
 - May lead to their educational needs not being met
 - Student may exhibit unpredictable behaviors/ performance in school, not explained by SLD, ED, or OHI
 - More specific explanation of child's needs and/or reason for difficulty (i.e.: ED= mental health condition over long period of time/marked degree, SLD= psychological processing disorder, OHI= chronic or acute health problems...)
 - Students with TBI may have an unusual profile of abilities and needs, not always identified through standard battery of tests.
 - Their needs may change quickly and often as they go through recovery. As they heal, they may require less intensive service; therefore they should be re-evaluated often.
 - Certain types of injuries have delayed consequences
 - Federal & state funding for TBI

TBI Identification

- ⦿ There must be documentation of adverse effect on student's educational functioning
 - Injury results in total or partial functional disability or psychosocial impairment, or both
 - Impact must be substantial
- ⦿ Sometimes the effects of the TBI are not evident until years later, especially when the demands of school increase.
 - Student can still qualify for TBI years after sustaining the TBI.

TBI Identification- Previous Injury

- ⦿ Do thorough parent interview
 - Ask about significant differences before/ after TBI- what changes did parents see after TBI
 - Ask about medical treatment, follow-up appointments, therapies...
 - Ask what departments, doctors, therapists...the child was seen in or by after the TBI
- ⦿ Obtain release of information for past medical records; neuropsychological reports; psychological reports related to TBI.
 - ER visit and follow-up by physicians is acceptable as long as TBI is referenced and/or diagnosed
 - Send release directly to the department or doctors that treated child after TBI or at least name them on release – usually obtain records faster than sending them, but...
 - If TBI was several years later, may have to go through medical records dept.
 - Include date or year of TBI if known- helps hospital retrieve records faster
- ⦿ Review school record/ file. Look for differences (academic, behavioral) before/ after the TBI.

TBI – Impairment

- ◎ **Mild – Moderate – Severe**
- ◎ Impairment varies greatly:
 - Cognition/ Processing Speed/ Executive Functioning
 - Academic
 - Behavior/ Psychosocial
 - Physical/ Environment
 - Motor/ Communication
 - Medical
 - Sensory/ Visual Spatial
 - Attention/ Concentration
 - Memory

Intervention & Supports after TBI

- Post TBI, implement ample supports and services immediately – DON'T WAIT!
- Take advantage of the closing window of opportunity to maximize impact of interventions
- Based on frequent progress monitoring data, gradually decrease services

Intervention Planning

- Build on strengths that were identified in the neuropsychological and educational evaluation
- Build on developing compensatory strategies for identified areas of weakness
- Modify the environment when appropriate
- Teach the tools to help learn and generalize new behaviors
- Specify the vehicles to reach the objectives

Educational Plans

- **504 Plan:** Section 504 of the Rehabilitation Act of 1973. Civil rights statute that prohibits discrimination against individuals with disabilities
- Legal document – general education
- Reviewed yearly, but likely more often for TBI
- Provides the student with accommodations in the general education setting

Educational Plans cont.

- ① **Medical Plan:** Often created by school nurses
- ① Created for student that has medical needs, but not necessarily academic/educational needs in the classroom
- ① i.e.: toileting issues, medication, rest/breaks due to fatigue...
- ① Should be reviewed often in conjunction with physician's recommendations

Educational Plans cont.

- **Intervention Plan:** Often created by building IAT (Intervention Assistance Team)
- Appropriate for a student that has had an mild TBI or previous injury (several years) and intervention needs to be implemented and progress monitored over time
- Team evaluates student's response to intervention to determine if there is a suspected disability (RtI model)
- May involve FBA – Functional Behavioral Assmt.

Educational Plans cont.

- **IEP (Individualized Educational Program):** Special education document that describes goals and objectives for a student identified as having a disability
- Legal document
- Reviewed at least yearly, but likely more often for TBI
- Addresses all areas of need: i.e.: cognitive, academic, behavioral, adaptive, communication, motor, study skills, post-secondary transition, accommodations in classroom and for state-wide testing

Definition of Concussion

- A concussion is a type of [traumatic brain injury](#), or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious.
- Concussions can occur in *any* sport or recreation activity. So, all coaches, parents, school nurses and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.
- A concussion is a brain injury and all are serious.
- Most concussions occur without loss of consciousness.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

Concussion

- The majority of TBIs that occur each year are concussions or other forms of mild TBI
- Children and teens are more likely to get a concussion and take longer to recover than adults
- On average, more than 4,000 youths were treated in EDs for sports/recreation TBIs each year
- ED visits for sports-related TBIs among Ohio youth increased by 110% from 2002 to 2010
- From 2002-2009, bicycle TBIs were among the greatest number of sports/recreation hospitalizations among Ohio youth (Ohio Department of Health)

Second Impact Syndrome

- Occurs when an athlete returns to play too early after suffering an initial concussion cause SIS because the brain is more vulnerable and
- Second blow to the head does not have to be strong to be susceptible to injury after an initial TBI
- Pressure to the brain increases rapidly and can cause permanent brain damage or even death within 3 – 5 minutes. SIS is rare
- Concussions should be 100% resolved – no symptoms - before athlete returns to normal expectations of the sport and school

Ohio's Concussion Law

- Effective April 26, 2013
- Access information sheets and links to on-line concussion training through the Department of Health website:
www.healthyohioprogram.org/concussion

Ohio Concussion Law

- Applicable to **Youth Sports Organizations and Interscholastic Athletics**
- **Information sheets - ODH**
- Interscholastic Athletics – requires signatures
- Youth Sports Organizations
- **Pupil Activity Program Permit – ODE**
- **Concussion Training Program**
- NFHS or CDC – links on ODH website

Ohio Concussion Law

- ⦿ **Removal from athletics** if symptomatic
- ⦿ Coach, referee, official
- ⦿ **RTP** – Need to be cleared by physician or other licensed health care provider*

* “other licensed health care provider”
authorized by the school authority or youth sports organization

Columbus City Schools

Concussion Management Plan

- ⦿ Plan has been in place since 2011-12 school year
- ⦿ Plan has improved how we identify, serve and monitor our students with concussion
- ⦿ Concussion Referrals:
 - 2013-14: 112 Sport/ 50 Non-Sport
 - 2012-13: 75 Sports/ 34 Non-Sport
 - 2011-12: 60 Sports/ 21 Non-Sport
 - 2010-11: 9 Sports
- ⦿ The Concussion Law has passed. Our plan coincides nicely with the law and adds an educational , awareness and monitoring component. **RTP** and **RTL** are both very important

Concussion Mgt. Plan

◎ CCS District Plan

● Part 1 – Prevention and Education

- AD & AT train coaches
- Parent / Player meetings
- Posters in locker rooms
- Show video; pass out information sheets (required by law) * see attached summary
- ImPACT baseline testing
- Monitor/ RTP protocol
- Speak to AD, Exec. Dir., Principals, Schools
- Explain symptoms, accommodations, modifications
- School support plans

Concussion Mgt. Plan

- Part 2a – Concussion Mgt.
 - AT/ Coach immediately removes from play
 - AT notifies principal, coach, school nurse, school psych, family; if injured at school, SN notifies AT/ school psych
 - School Psych. contacts parents and sends accommodation plan to nurse and parent
 - Nurse distributes accom. plan to teachers
 - AT and nurse check in with athlete re: symptoms
 - AT follows up with Dr. until cleared to RTP
 - AT communicates changes and recommendations with school psych and nurse
 - If cleared, RTP protocol begins. Continue to monitor classroom performance
 - If symptom-free, cease accom. plan
 - If symptoms persist longer than 3 -4 weeks, school meeting is scheduled

Return to School

- ◎ Best Practices: A school-based concussion management team
 - School psychologist
 - School nurse
 - Administrator
 - Coach, when applicable
 - Athletic Trainer
- ◎ Team coordinator:
 - Informs all teachers of the student's medical status and needs
 - Provides ongoing information and consultation
 - Acts as a liaison with the family and outside medical professionals.

Return to School

- ⦿ Students should ease back into school with a support plan in place
- ⦿ Some students may require half days until they can tolerate a full day
- ⦿ No participation in any physical activity , including PE, until cleared by a physician, including physical education and sport activities
 - Physical activities after a concussion often magnifies already existing symptoms.

Signs and Symptoms of Concussion

- ⦿ Low grade headache that wont go away
- ⦿ Having more trouble than usual:
 - Remembering things
 - Paying attention or concentrating
 - Organizing daily tasks
 - Making decisions and solving problems
 - Slowness in thinking, acting, speaking, reading
 - Getting lost or easily confused

Concussion cont.

- Feeling tired, lack of energy
- Changes in sleep pattern
- Loss of balance
- Increased sensitivity to sound, light...
- Blurred vision or eyes tire easily
- Ringing in ears
- Mood changes

Educational Plans

- ***Accommodation Plan:*** Could be created by school psychologist/ school team/ school nurse
- Accommodations for general education setting
- Includes recommendations from doctors
- Distributed to all teachers and school nurses, sent home to parents
- Monitored often
- Should always be created for students with concussion

Other Educational Plans

- Intervention Plan
- 504 Plan
- Medical Plan/ IHP
- IEP

Signs of too much too soon

- Greater irritability
- Increased problems paying attention or concentrating
- More emotional than normal
- Less ability to cope with emotions than normal
- Increased difficulty in learning or remembering new information
- Difficulty organizing tasks
- Increased forgetfulness
- Inappropriate or impulsive behaviors in class

What to do if symptoms worsen

- Give the student the option to leave and return to class as needed for rest in a quiet, controlled environment, such as the nurses office
- If symptoms do not subside with a break, the student may need to leave school early to rest
- Communicate any changes to the nurse, school psychologist, certified athletic trainer, student's other teachers, administrator, and parents
- Review plan – amend if needed

What Can YOU Do?

- If you work in a school setting, talk to your administrators, nurses, support staff, athletic department about establishing procedures on how to refer, identify and support children with TBI/ Concussion
- Educate others where you work on the topic of TBI and Concussion
- Develop relationships with local area medical centers, concussion clinics, rehab facilities, sports medicine clinics, physicians to make sure you are working together to support these children

What Can YOU Do?

- ⦿ Consider inviting a speaker to present on Concussion and TBI to a PTA Meeting
- ⦿ Look into your community youth sports programs, what is their policy on concussion? Are all coaches being trained? *They should, it's the law!*
- ⦿ Take the free on-line concussion certification test (See Ohio Dept. Of Health)

Contact Information

Sara Timms, Ed.S.
School Psychologist
Columbus City Schools

stimms2576@columbus.k12.oh.us

614-365-5335