



Administrative Regulation 5145

Return to Learn Concussion Management

Responsible Office: Office of Student and Family Supports, Department of Student Health Services

PURPOSE

The Superintendent has adopted this Administrative Regulation to outline the process by which a student (non-athlete and athlete) with a head injury, concussion, or suspected concussion will be supported in the Washoe County School District ("District").

DEFINITIONS

1. "Concussion" is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells "CMT" means Concussion Management Team.
2. "District athletic activities" are categorized as follows:
 - a. Sanctioned high school athletic activities that are governed by the Nevada Interscholastic Activities Association (NIAA);
 - b. Recognized high school athletic activities that are not sanctioned by the NIAA but are recognized by the District;
 - c. Middle school competitive athletic teams that are organized and sponsored by the District; and
 - d. Elementary school competitive athletic teams that are organized and sponsored by the District.
3. "Monitoring Tool" refers to Concussion Management Team Student Concussion Symptom Monitoring Tool, provided in Resources.
4. "RTL" means Return to Learn.
5. "Student" means pupil enrolled in Washoe County School District schools, regardless of participation in District athletic activities.

REGULATION

1. District Training and Responses to Student Head Injuries

- a. Each employee who supports the academics or health of a pupil is required to complete training in the prevention and treatment of head injuries annually.
 - i. Following District employees that will be required to take annual concussion training are certified educational staff (teachers, librarians, music teachers, physical education teachers, school nurses, psychologists, counselors, etc.), clinical aides, principals, deans, assistant principals, coaches, assistant coaches, athletic directors, and athletic trainers.
 - ii. The District will keep a record of the training.
- b. Employees shall take the following responses for emergency care of a head injury for students during school hours and/or a District sponsored event:
 - i. For identification and action for a non-athlete student; Student will be rendered first aid for a head injury, be assessed/observed for signs of a concussions, parents will be notified of the head injury, a determination is made if student needs to be sent home due to injury or can return to class. Students will be given head bump form to take home to parents with signs of a concussion. Teacher will be instructed to have student report to health office if their condition changes when they return to class.
 - ii. For identification and action for a student athlete hurt during a District athletic activity; the athlete will receive first aid and be assessed for signs of a concussion. If a concussion is suspected or confirmed, the athlete will be immediately removed from the game or practice. Coaches will be informed, and parents notified. The Athletic Trainer (ATC) or medical staff will decide if the athlete requires immediate transport to a medical facility or if they can be released to parents or remain under supervision. Before leaving the school, parents will receive specific instructions and a written Concussion Information Home Care Instructions Sheet. The student must see their healthcare provider before returning to school, and the provider must complete a clearance form. The student will then begin the Return to Play Progression but must first meet both the Return to Learn and Return to Play requirements before resuming athletic activities. Parent/guardian will be notified if their student sustained or is suspected of having

sustained an injury to the head on District grounds during school hours or during an activity or event conducted or sponsored by the District.

- c. Each school will form a Concussion Management Team (CMT) that should include the school nurse, clinical aide, athletic trainer, athletic director/administrator, teacher, school counselor, physical education teacher. For schools without an athletic trainer, an athletic lead should be identified. The team is not to be made up exclusively of the school nurse and clinical aide.
 - d. Notification of District personnel regarding a diagnosed or suspected concussion.
 - i. Parents or legal guardians will notify the school if their student has sustained or is suspected of sustaining a concussion while at a non-school event, and/or if the injury occurs outside of school hours.
 - ii. Athletic trainer or designated person will inform the health office of a student's concussion or suspected concussion if the injury occurs during a school event outside of school hours.
 - iii. School nurse will inform the athletic trainer or designee of student's concussion or suspected concussion if the injury occurs during school hours.
 - e. All students with a suspected concussion or concussion will follow District Return to Learn Pathway.
 - i. Student athletes will follow the District Return to Play protocol established by the Student Activity and Athletic Department.
2. Return to Learn Pathway
- a. A student's Return to Learn plan will be tailored to the various circumstances and needs of a student with a suspected concussion or concussion. Students may move through the stages at different time intervals.

Return to Learn Pathway: Stages

Stage	Plan Activity	Goal
<p>1. Daily activities that do not result in more than a mild exacerbation* of symptoms related to the current head injury. This stage can be started as early as 24-48 hours post-injury if it does not result in symptom exacerbation.</p>	<p>Typical activities during the day (eg., reading) while minimizing screen time. Start with 5–15 minutes at a time and increase gradually as tolerated**.</p>	<p>Able to perform daily activities without discomfort.</p>
<p>2. School activities</p>	<p>Homework, reading or other cognitive activities outside of the classroom.</p>	<p>Able to tolerate cognitive work in controlled environments without discomfort.</p>
<p>3. Return to school part time</p>	<p>Gradual return to the classroom and introduction of schoolwork. Student may need to start with a partial school day with access to rest breaks during the day, if needed.</p>	<p>Able to increase academic activities without discomfort.</p>
<p>4. Return to school full time</p>	<p>Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.</p>	<p>Able to fully return to school and catch up on missed work.</p>

- b. *A licensed healthcare provider note is not required for a student to return to school unless the CMT believes it is in the best interest of the student after they conduct a screening using the CMT Student Concussion Symptom Monitoring Tool upon initial return to school. If a healthcare note is provided, it should be directed to school health office staff to review the documentation associated with the injury (i.e. licensed healthcare provider letter).
 - i. If the student provides a licensed healthcare provider note upon returning to school, the school nurse must complete the Monitoring Tool with the student, preferably on the first day student returns.
 - ii. If the licensed healthcare provider note is turned in prior to the student returning to school, the Monitoring Tool must be completed within 1-2 days of the student returning to school.
 - iii. The CMT will coordinate a concussion management plan with the student to review if/what accommodation would support the student in returning to learn.
 - 1) If the student is symptom free on the day they return to school, school should engage the CMT as soon as reasonably possible.
 - 2) A student who has experienced a head injury should not participate in physical education classes or other classes that require physical exertion until (put in requirements that allow student to return to these activities—i.e. doctor’s note, etc.).
 - iv. Once the concussion management plan has been created for the student, it is recommended that the symptom questionnaire be completed on a routine basis, at least weekly, to monitor student progress.
 - 1) If the student’s symptom(s) increase or change and the school is made aware of the increase or change, it is encouraged for them to be seen in the health office.
 - a) The health office must follow injury guidelines for a head bump.
 - 2) If the student is not progressing and the school is made aware of the lack of progress, school personnel may encourage the student to be seen by a licensed healthcare provider as soon as possible.

- 3) Student athletes will be working with the athletic lead person on the CMT on their Return to Play plan.
- v. The CMT lead will share weekly updates on the student's progress with the student's teachers.
 - 1) The duration for Return to Learn plan is individualized.
 - 2) The School Nurse is to create an Emergency Action Plan or Confidential Information form for a student who is going through the Return to Learn process to send to the student's teachers.
- vi. The CMT should document the student's progress through the Return to Learn pathway.
- vii. Before returning to full participation in their course work, interscholastic activities or events, or other school activities, all students must complete their Return to Learn plan and completion must be signed off by the CMT.

LEGAL REQUIREMENTS AND ASSOCIATED DOCUMENTS

1. This Administrative Regulation complies with Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) to include:
 - a. a. NRS Chapter 385B, Nevada Interscholastic Activities Association
 - b. NAC Chapter 385B, Nevada Interscholastic Activities Association, and specifically:
 - i. NAC 385B.798 Required certification and courses.
 - c. NRS 392.452 Adoption of policy for prevention and treatment of injuries to the head; requirements of policy; annual acknowledgment of policy by parent or legal guardian and pupil; provision of policy to parent or legal guardian and pupil upon notification of injury to the head; review and update of policy every 5 years; certain school employees to complete annual training on prevention and treatment of injuries to the head.
2. This Administrative Regulation reflects the goals of the District's Strategic Plan and aligns/complies with the governing documents of the District, to include:
 - a. Board Policy 5345, Prevention and Treatment of Sports Related Injuries.
 - b. Student Health Services HEA-M501 Managing Injuries and Illness at School.

REVIEW AND REPORTING

1. Administrative Regulation will be reviewed at least once every 5 years and updates will be made to reflect current best practices in the prevention and treatment of injuries to the head.

REVISION HISTORY

Date	Revision	Modification
09/16/2024	1.0	Adopted