



N-ABLES

The National Acquired Brain Injury
in Learning and Education Syndicate

CONCUSSION

RETURN-TO-SCHOOL GUIDANCE

What is concussion?

Concussion is a **traumatic brain injury** which is often caused by a bump, blow or jolt to the head and affects the way the brain normally works. It can occur from a fall or blow to the body which causes the head and brain to move quickly back and forth. Concussion can happen anywhere, for example during sports, in the playground, or at home and must always be taken seriously.

If a child or young person is thought to have concussion they should immediately stop whatever activity they are doing and be assessed by a medical professional for a diagnosis and guidance. A second concussion can be extremely serious. Each concussion is different and not everyone reacts in the same way. The key to a good recovery is physical and mental rest, followed by a gradual return-to-school (RTS), physical activity, and sport.

Key facts

- ✓ All concussions are serious
- ✓ Most concussions occur without loss of consciousness
- ✓ Recognising concussion when it first occurs and treating it correctly can help recovery and prevent further injury

Concussion symptoms

Concussion can resolve within a few days or weeks. For some students the symptoms of concussion can linger and have the potential to cause longer term academic and social difficulties. In the short and long-term, concussion symptoms can also have a significant impact on classroom learning and schoolwork (**see symptoms right**).

Physical

- Headache
- Dizziness
- Balance difficulties
- Nausea and vomiting
- Fatigue
- Sensitivity to light and noise
- Visual problems

Cognitive

- Feeling mentally foggy
- Fatigue
- Feeling slowed down
- Difficulty concentrating
- Difficulty remembering
- Difficulty focussing

Symptoms of concussion

Emotional and Behavioural

- Irritability
- Sadness
- Nervous/anxious
- Frustration
- Anger
- More emotional than usual

Sleep

- Difficulty falling asleep
- Sleeping more than usual
- Sleeping less than usual
- Drowsy
- Altered sleep schedule

Red flags: Get medical help immediately if the student has any 'red flag' or worsening symptoms such as neck pain, repeated vomiting, increased confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.

When can the student RTS and resume normal activities?

A period of immediate rest is important after a concussion. However, prolonged absence from school is not recommended because it can be associated with increased symptoms and may be detrimental to recovery¹. The RTS guidance overleaf allows the student to participate and learn without worsening their symptoms. Teachers should monitor the student carefully and consider what adjustments may be required (**see examples right**).

Examples of support for the student's RTS

- Initially reduce class time e.g., later start time and/or shortened day
- Allow student to avoid crowded and noisy environments e.g., lunch hall or corridors
- Consider providing emotional support
- Provide opportunities for repetition and review
- Allow more time to complete work
- Permit the use of headphones or sunglasses if student is sound or light sensitive
- Provide a quiet workspace and/or rest breaks during lessons
- Increase physical activity gradually, and follow guidance regarding engagement in PE
- Provide reassurance
- Remain flexible to fluctuating needs and be prepared to scale back if necessary



For further information about supporting a student with concussion in school go to:

<https://www.thechildrenstrust.org.uk/brain-injury-information/info-and-advice/what-is-acquired-brain-injury/concussion-in-children-and-young-people>

<https://childbraininjurytrust.org.uk/how-we-help/cbit-in-hand/>

Step by step return-to-school guidance following concussion

(This is for guidance only and does not replace medical advice. Timelines and activities may vary depending on the recommendation of the health professional).

	STEP 1  Rest at home	STEP 2  Prepare to return to school	STEP 3  Back to school – part time	STEP 4  In school – part-time	STEP 5  In school – full-time	STEP 6  Monitor!
Timeline	For a maximum of 2 days. Move to next step if tolerating existing concussion symptoms.	For at least 24 hours. If tolerating existing concussion symptoms, move to step 3. If symptoms return, step back to step 1.	If can tolerate two lessons of work, move to step 4. If symptoms cannot be tolerated, step back and repeat step 2.	If can tolerate half-day comfortably step forwards. If symptoms cannot be tolerated, step back and repeat step 3.	If symptoms cannot be tolerated, step back and repeat step 4. Gradually decrease adaptations and move to monitoring stage when back to previous levels of function.	Monitor for changes in cognition, behaviour, emotions, and fatigue.
No for now	No school or schoolwork. No sport. Minimise screen time (mobiles, TV, gaming). No riding bicycle or scooter etc. No reading.	No school. No computers/computer games. No sports/physical play. No work (job).	No sport/PE. No physical activity at break times. No homework. No assessments/exams. No assemblies/busy areas.	No sport/PE. No physical activity at break times. No assessments/exams.	No sport/PE. No physical activity at break times.	No full participation in PE or sports until return to sport guideline is completed.
Ok to try	Talking and chatting. Simple board games. Listen to music. Non-screen activities. Gentle activity that does not increase heart rate.	Increase activities (maximum 30 minutes). Short walks. Reading. Limited TV. School work (maximum 30 minutes). Short visits from friends.	Two lessons in school. Limit screen time and TV. Walking and socialising. Include activities from step 2.	Half-day/four lessons in school. Assemblies/busy areas. Homework (maximum 30 minutes). Classroom testing with adaptations (e.g., breaks/quiet space/extra time). Reduced adaptations to timetable/teaching etc.	Full days at school. Gradual return to normal learning routines including attendance, break times, homework, tests, and extra-curricular activities.	Allow participation in PE or sports once return to sport guideline is completed.
Heads up for teachers	Most students will move through all the steps in one to two weeks.	Contact family to check on progress and planned return date. If student has not returned to school after one week, encourage them to try step 3¹.	Communicate progress with family and other teachers. Introduce adaptations to timetable/curriculum and environment.	Inform parents that student must return to GP if symptoms persist beyond two weeks.	Once back in school full-time and moved to monitoring stage, refer to return to sport guidelines.	Most pupils recover in two to four weeks when guidance is followed. However, 30% of children/young people with concussion may have ongoing symptoms².

1. Vaughan CG, Ledoux AA, Sady MD et al. Association Between Early Return to School Following Acute Concussion and Symptom Burden at 2 Weeks Postinjury. JAMA Netw Open. 2023 Jan 3;6(1):e2251839. doi: 0.1001/jamanetworkopen.2022.51839. PMID: 36662524; PMCID: PMC9860528.

2. Ledoux AA, Webster RJ, Clarke AE et al. Risk of Mental Health Problems in Children and Youths Following Concussion. JAMA Netw Open. 2022 Mar 1;5(3):e221235. doi:10.1001/jamanetworkopen.2022.1235. PMID: 35254429; PMCID: PMC8902648.

Guidance is adapted with permission from:

Head injury/concussion advice leaflet for parents/guardians [scot.nhs.uk] <https://www.clinicalguidelines.scot.nhs.uk/nhsrgc-guidelines/emergency-medicine/head-injury-concussion-advice-leaflet-for-parents-guardians/>
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SCHOOL First – Enabling a successful return-to-school following a concussion <https://schoolfirstconcussion.ca/>