

Ohio’s Return-to-Play Concussion Law went into effect in April 2013. This law describes the education required of those involved with student athletics, processes to follow if a concussion is suspected in a student athlete, and requirements to clear a student athlete for return to play. However, the legislation does not specify procedures for safely returning students to a learning environment. Thus, Ohio school boards are encouraged to adopt a “Student Concussion—Return to School” policy to protect all students who have sustained a concussion. Following is sample language that might be included in such a policy.

SAMPLE POLICY
STUDENT CONCUSSION—RETURN TO LEARN

The Board recognizes that concussions and other head injuries may occur in students through sports, recreation, accidents, and altercations. Students may return to school while they are still experiencing concussion symptoms. Such students require temporary supports and adjustments in academic expectations and the school environment. The Board acknowledges that the adoption and implementation of a “return to learn” protocol can have a significant positive impact on the recovery of all students who have sustained a concussion. As such, each school in the district is expected to:

- Provide training and continuing education for teachers and all relevant school personnel on how to recognize signs and symptoms of concussion, as well as how to manage a concussion. For example, immediately following a concussion, students might appear dazed and confused, forgetful, off-balance, nauseous, and slow to respond.
- Alert school personnel to issues students may experience after a concussion. Some students have symptom for days, weeks, or even months. Students may experience:
 - Cognitive symptoms, which can cause difficulty learning, distractibility, and memory impairment
 - Physical symptoms, such as headaches, light/noise sensitivity, and lethargy
 - Emotional symptoms, including irritation, anxiety, and feeling overwhelmed
 - Sleep disturbances, such as drowsiness, insomnia, or difficulty falling asleep
- Appoint a concussion team, with a designated concussion team leader (CTL), to monitor the student’s gradual return to full academics and to collaborate with the family, health care provider, and athletic staff (if applicable).
- Allow students who have been diagnosed with a concussion “cognitive rest” initially and the opportunity to progress through a gradual return to full cognitive and academic activities.
- Provide and monitor an individualized “return to learn” plan approved by the student’s health care provider. Short-term academic and environmental adjustments in such a plan might include shortened days, modified curriculum, excusals from nonessential assignments, postponed testing, and decreased exposure to bright lights and loud noises.
- Secure a written release from the student’s health care provider before allowing a return to full physical activities, including physical education class.
- Have on file for each student an emergency medical authorization form, completed annually, that indicates whether the student has a history of concussion. Repeat concussions can slow recovery or increase the likelihood of long-term problems.