

NC Department of Public Instruction

QUESTIONS & ANSWERS FROM RETURN-TO-LEARN AFTER CONCUSSION WEBINAR

WEBINAR DATE: 6/30/16

Q: *How does the educational plan of care translate to testing accommodations? Would we need an emergency 504 for testing/EOG/exams?*

A: If a student has need of accommodations for testing due to a concussion, teams may use the Transitory Impairment procedures.

Q: *If a student sustains a concussion and experiences symptoms for longer than the typical healing period of 1 to 3 weeks, should a 504 plan with appropriate accommodations be considered?*

At what point is it recommended to consider a 504 plan to meet the student's needs?

A: Most students with a concussion will recover within the first three weeks. Due to the temporary nature of most concussions, a Section 504 plan would not be warranted. Under Section 504 law, temporary or transitory impairments (typically 6 months or less) are not considered disabilities.

However, when symptoms occur for prolonged periods of time, the following examples illustrate potential scenarios and decisions for teams:

- 1) Prolonged symptoms occur and the supports delineated in the Return-to-Learn Plan (Medical Care Plan, Educational Care Plan) ARE proving successful in supporting those prolonged symptoms, the team may then decide that a more solidified plan is appropriate for that student (i.e., 504 plan).
- 2) Prolonged symptoms occur and the supports delineated in the RTL Plan ARE NOT sufficiently meeting the student's needs, then the *school-based problem solving team* should become involved in order to identify appropriate targeted interventions for the student.

Q: *How does HIPAA impact the notification process? Are teachers really part of the medical team legally?*

A: HIPAA regulations are only applicable to actions completed by HIPAA subject agencies. In this situation that would be the medical provider's office and would apply to their initial notification of designated school staff. The provider office is a HIPAA entity, the school is not. Schools are subject to FERPA requirements. Once the diagnosis, and any related documents, are in the school they are defined as education records and subject to FERPA only. Under FERPA, authorities in the school/district can disclose to anyone within the district on a 'need to know' basis. That need to know is determined by the school/district/designated individual (nurse). Parent permission is not required to disclose within the school district. In addition, although some districts do request parental signatures as a matter of policy, there is no requirement for parental consent to distribute health care plans in schools to staff with a

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need to know. Teachers who work with students recovering from concussion are part of the school response team for that student.

Q: *If parents indicate on the student health information form that their student has experienced a head injury/concussion in the past year will there be some standard guidance on how to proceed or will that be established in each LEA?*

A: If a parent indicates that their child has sustained a concussion, it is recommended that the designee at the school be notified of this information so that they may follow-up with the parent in order to determine next steps for that student. Examples of who might serve as the designee (concussion contact) are provided in the [Implementation Guide](#), which serves as a companion document to the policy.

Q: *Since nurses cannot make diagnoses, wouldn't a diagnosis of head injury/concussion from a doctor be needed to activate the development of a care plan?*

A: That is correct. In some cases, there may be issues with the student getting medical care. The role of the school nurse is then to assist the parent in securing care if the student is experiencing symptoms.

Q: *How often do you update the registry of DPI TBI evaluators?*

A: The [DPI Registry of Approved Providers for TBI](#) is kept up-to-date by reviewing and publishing any changes to the TBI website on a monthly basis.