

REGIONAL SCHOOL UNIT #34
MANAGEMENT OF CONCUSSION AND OTHER HEAD INJURIES

The Board recognizes that concussions and other head injuries are serious and could result in significant brain damage and/or death if not recognized and managed properly. The Board adopts this policy to promote the safety of students participating in school activities, including but not limited to extracurricular athletic activities and interscholastic sports.

For the purpose of this policy a concussion is defined as, “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 fall or a blow to the body that causes the head and brain to move quickly back and forth.” (Center for Disease Control and Prevention)

TRAINING

Prior to the beginning of each sports season, school personnel (including volunteers), must be made aware of this school policy and protocols related to the management of concussive injuries and participate in concussion awareness training that includes recognizing signs and symptoms that may suggest a concussive or other head injury. This training must be consistent with protocols as identified or developed by the Maine Department of Education (DOE) and include instruction in the use of reporting forms as required by the DOE.

Coaches are required to undergo refresher training every two years based on the recommendations of the DOE and/or when protocols and forms have been revised. The Athletic Director will be responsible for ensuring training is completed and up to date for each coach.

STUDENT AND PARENTS/GUARDIANS

Prior to the beginning of each sports season, students intending to participate in school-sponsored athletic activities and parents/guardians of these students will be provided information including:

- A. The risk of concussion and other head injuries and the dangers associated with continuing to participate when a concussion or other head injury is suspected;
- B. The signs and symptoms associated with concussion and other head injuries; and
- C. The school administrative unit’s protocols for:
 - 1) Removal of the student from the activity when the student is suspected of having sustained a concussion or other head injury,
 - 2) Evaluation, and
 - 3) Return to full participation in school activities.

The student participating in sports and his/her parent(s)/guardian(s) must sign a statement acknowledging that they received and read this information before the student is allowed to participate in any school-sponsored athletic activity.

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It is the responsibility of staff members involved in school activities and trained in the signs and symptoms related to concussion or other head injury, to act in accordance with this policy when the staff member recognizes that a student may be exhibiting such signs and symptoms of a concussion.

Any student suspected of having sustained a concussion or other head injury during a school activity including but not limited to participation in interscholastic sports, must be removed from the activity immediately. A student and his/her parent(s)/guardian(s) will be informed of the need for an evaluation for brain injury before the student is allowed to return to full participation in school activities including learning. No student is permitted to return to the activity or to participate in other school activities on the day of the suspected concussion.

Any student having sustained a head injury is prohibited from further participation in any school activities until he/she is evaluated for concussion. If a concussion is suspected, the student must be removed from school activities and evaluated by a licensed health care provider (M.D., D.O., N.P., P.A.).

If a concussion is confirmed by a licensed health care provider, the student is not permitted to return to full participation in any school activities until symptom free for 24 hours (without the use of medication). Once symptom free for 24 hours, the student must be reevaluated by a licensed health care provider and have written medical clearance to return to full participation in school activities. A minimum of two evaluations by a health care provider are required; the first to initially diagnose the concussion or TBI and the second to clear the student to return to full participation in school activities.

Coaches and other school personnel shall comply with the student's treating health care provider recommendations regarding gradual return to participation. If at any time during the return to full participation in school activities the student exhibits signs and symptoms of concussion, the student must be removed from the activity and be re-evaluated by the treating licensed health care provider.

COGNITIVE CONSIDERATIONS

School personnel should be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including but not limited to:

- difficulty with concentration, organization, long-and-short term memory and
- sensitivity to bright lights and sounds.

School personnel shall accommodate a gradual return to full participation in activities as appropriate, based on the recommendation of the student's concussion trained health care provider and appropriate designated school personnel.

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CONCUSSION POLICY MANAGEMENT TEAM

The Superintendent will appoint a Concussion Policy Management Team including a school administrator to be responsible, under the administrative supervision of the Superintendent, to make recommendations related to the implementation of this policy. The Concussion Policy Management Team will include the school nurse and Athletic Administrator and may include one or more principals or assistant principals, the school physician and other school personnel or consultants as the Superintendent deems appropriate.

The team shall oversee and implement this policy and related protocols for concussive head injuries based on the generally accepted protocols. This team will identify the school personnel who shall be trained in concussion signs and symptoms and the school activities covered by this policy.

The policy and/or related protocols should be reviewed when generally accepted protocols change.

First Reading: April 30, 2014

Adopted: May 14, 2014