

RSU #63

- a. NEPN/NSBA Code:** **JJIF**
- b. Title:** **Management of Concussions & Other Head Injuries**
- c. Author:** **Superintendent/Board of Directors**
- d. Replaces Policy:**
- e. Date Approved:** **01/25/2021 RSU #63**
- f. Previously Approved:** **11/27/2017**
- g. Policy Expiration:** **Review as Needed**
- h. Responsible for Review:** **Concussion Policy Management Team/
Policy Committee**
- i. Date Reviewed:** **03/02/2020 Concussion Policy Management
Team
01/13/2021 Policy Committee**
- i. References:**
- j. Narrative:**

The RSU #63 School Board (the Board) recognizes that concussion and other head injuries are serious and can result in significant short-term and long-term brain damage or death. Therefore, it is important for concussions to be recognized and properly managed. 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.

I. Training:

- A.** Prior to the beginning of each sports season, school personnel (including volunteers) identified at the RSU #63 Concussion Policy Management Team must:
 - 1.** Be made aware of this policy and the protocols related to the management of concussion injuries, and
 - 2.** Participate in concussion awareness training that includes recognizing signs, symptoms, and behaviors that may suggest a concussion or other head injury and include instruction in the use of graduated school reentry protocols. (The “Concussion Sign & Symptoms Checklist” from the U.S. Department of Health & Human Services – Center for Disease & Prevention, which is used, can be found in the Principal’s office in each school and in Central Office.)
- B.** 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 DOE.
- C.** Coaches are required to undergo concussion awareness training and instruction in the use of graduated school reentry protocols every two years based on the recommendations of the DOE and/or when protocols and forms have been revised.

II. Students and Parents/Guardians

Annually, at the beginning of each school year, students and parents/guardians will be provided information in the parent handbook [Refer to Attachment “A” at the end of this policy] and on the RSU #63 website that will include:

- A. Warnings regarding the risk of concussion and other head injuries and the dangers of continuing participation when a concussion or other head injury is suspected;
- B. Descriptions of the signs, symptoms, and behaviors associated with concussions and other head injuries; and
- C. Reviews of RSU #63 protocols which include:
 - 1. Removal of the student from the activity when the student is suspected of having sustained a concussion or other head injury;
 - 2. Evaluation by medical personnel;
 - 3. Graduated school reentry protocols;
 - 4. Return to full participation in school academics and activities when written medical clearance is received.
- D. Required releases for students participating in sports acknowledging they received and read this information before the student may participate in any school-sponsored athletic activity. [Refer to Attachment “B” of this policy.]

III. Management of Concussion and Other Head Injuries

- A. It is the responsibility of all staff members involved in school activities to be trained in the signs, symptoms, and behaviors related to concussion or other head injury, and to act in accordance with this policy when any staff member recognizes a student may be exhibiting such signs, symptoms, and behaviors of a concussion.
- B. Any student suspected of having sustained a concussion or other head injury during school or a school activity, including but not limited to participation in interscholastic sports:
 - 1. Must be removed from the activity immediately.
 - 2. Must be evaluated using the Concussion Signs and Symptoms Checklist.
 - 3. Even if there are no signs, symptoms, and/or behaviors, the student may not participate in any additional physical activities that day (including, but not limited to, physical education class, outdoor recess, sports practice, games, etc.)
 - 4. In cases of serious injury or symptoms (ie. a period of unconsciousness), call 911. When any signs, symptoms, and behaviors are noted, the parents and school nurse will be notified. If there are no symptoms, the school nurse will be notified.
 - 5. In all cases, the student and his/her parent(s)/guardian(s) will be informed of the need to contact their health care provider for an evaluation for brain injury.
- C. Any student exhibiting signs, symptoms, and behaviors of a head injury is prohibited from further participation in any school activity until he/she is evaluated for concussion or other head injury.
- D. If a concussion is confirmed, the student is not permitted to return to full participation in any school activity until written medical clearance by a licensed health care provider has been received and the student has fully returned to his/her academic program. More than one evaluation by the student’s health care provider may be necessary before the student is cleared for full participation.

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

IV. Cognitive Considerations

- A. 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:
 - 1. Difficulty with concentration, organization, long- and short-term memory; and
 - 2. Sensitivity to bright lights and sounds.
- B. School personnel will accommodate a gradual return to full participation in activities as appropriate, based on the recommendation of the student's health care provider and appropriate designated school personnel (e.g. 504 Coordinator).

V. Concussion Policy Management Team

- A. The Superintendent will annually 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:
 - 1. The School Nurse,
 - 2. The School Principals,
 - 3. The Activities Coordinator,
 - 4. Physical Education Teachers, and
 - 5. May include other school personnel or consultants, as the Superintendent deems appropriate.
- B. The team will oversee and implement this policy and related protocols for concussion head injuries based on the generally accepted protocols.
- C. The team will identify the school personnel who will be trained in concussion signs and symptoms.
- D. The team will review this policy annually before the beginning of each school year and make recommendations to the Superintendent and Policy Committee when generally accepted protocols change.

20__-20__ PARENTAL CONSENT FOR SPORTS PARTICIPATION

I/We, _____, hereby give my/our son/daughter, _____,
Parent/Guardian name Student's name
permission to participate in all school sports that he/she decides to try out for at the Holbrook Middle School. *

I am aware that in order for my child to try out for a sport and to participate in sports programs he/she must have a physical and an annual *Holbrook School Annual Student Health Report* form completed and on file. **

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many risks or injury. I understand that the dangers and risks of playing or practicing to play/participate in any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in any sport may result not only in serious injury, but also in a serious impairment of my future abilities to earn a living and to engage in other business, social, and recreational activities.

Because of the dangers of participating in any sport, I recognize the importance of following coaches' instructions regarding playing and training technique, team rules, etc., and agree to obey such instructions.

In consideration of the Holbrook Middle School Department's permitting me to play sports and engage in all activities related to the team, including, but not limited to, practicing or playing any sport, I hereby assume all the risks associated with such participation. I agree to report all of my injuries to my coach within 24 hours of their occurrence.

Signature of student _____ Date _____

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

***Currently sports offered at Holbrook are: baseball, basketball, cheerleading, soccer, cross-country, softball, and track.**

**** Students are required to have a physical in the 5th grade and a Holbrook Middle School Annual Student Health Report annually [Refer to Attachment "B"]. Students who have not had a physical in 5th grade are required to have a physical prior to tryouts and participation in any sport.**

HOLBROOK SCHOOL ANNUAL STUDENT HEALTH REPORT
20__ - 20__

NAME _____ DATE OF BIRTH _____ GRADE _____

DATE _____

ADDRESS _____ PHONE _____

TEACHER _____

Date of most recent physical _____

Name of Doctor _____ Phone _____

Has your child had any immunizations recently? ☐ Yes ☐ No

(If yes, please send in a copy of the immunization record.)

Has your child been hospitalized or had surgery in this past year? ☐ Yes ☐ No

If yes, please indicate:

a. Reason for hospitalization _____

b. Type of surgery _____

Has your child had any recent accidents, illness, or injury? ☐ Yes ☐ No

If yes, please explain _____

Has your child had a seizure, concussion, or been unconscious for any reason in the last year? ☐ Yes ☐ No

Has your child EVER had a seizure, concussion, or been unconscious for any reason?

☐ Yes ☐ No

If yes, please explain _____

List medications taken on a daily basis and what condition the medication is for

List medications taken on an "as needed" basis and what condition the medication is for

Please check the following conditions that apply to your child. Please include a brief explanation in the space provided below:

☐ Allergies: ☐ Bee stings ☐ Foods (please list below) ☐ Medications (please list below)

Other (please list below)

Please describe what the allergic reaction is like _____

Does your child carry an Epi pen? ☐ Yes ☐ No

Where is it? _____

Does your child have a food allergy action plan? ☐ Yes ☐ No If yes, please send a copy.

Is there a history of heart disease or sudden death in your family? ☐ Yes ☐ No

If yes, please explain _____

Please complete if your child has asthma:

Does your child have an asthma plan? ☐ Yes ☐ No

How often does your child have an acute episode? _____

What triggers your child's asthma? (please explain) _____

Does your child carry his/her own inhaler? ☐ Yes ☐ No **Where?** _____

If yes, please list name(s) of medication(s) _____

Are you or your child worried about any medical problem or condition at this time?

☐ Yes ☐ No

If yes, please explain: _____

If you think your child will need to use medications during school hours, please ask for a medication permission form in the office or print one from the RSU #63 web site. You and your child's physician will need to complete the form per the district's medication policy.

All middle school students participating in sports must have a physical on file as well as a yearly health update. Students will not be able to participate until these are on file in the office.

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. For the complete concussion policy, please see the student handbook.

No student is permitted to return to the activity or to participate in other school activities on the day of the suspected concussion.

I have read and understand the Concussion Policy, **JJIF Management of Concussions and Other Head Injuries**, as described in pages ____ - ____ in the student handbook. I agree to adhere to the policy as it relates to keeping my child out of play and seeking medical advice before returning to play.

(Please Print Clearly)

Name & Phone Number of Parent(s)/guardian(s):

Signature of parent/guardian _____ Date _____

Signature of student _____ Date _____