

**POLICY COMMITTEE MEETING**  
**JUNE 19, 2017**  
**CENTRAL OFFICE – LIBRARY**  
**5:15 PM**

**AGENDA**

**COMMITTEE MEMBERS:**

R. Bowley	A. Dube
J. Bruni	C. Libby
E. DeCotiis	

- Attendance
- JJIF – Management of Concussions and Other Head Injuries
- JJIF-R – Guidelines for Athletes Return to Play After an Injury for Bonny Eagle High School and Bonny Eagle Middle School
- JJIF-E1 – MSAD 6 Concussion Information Sheet
- JJIF-E2 – Return to Learn Guidelines

**MSAD 6**

### **Management of Concussions and Other Head Injuries**

The Centers for Disease Control and Prevention defines Mild Traumatic Brain Injury as the occurrence of injury to the head arising from blunt trauma or acceleration or deceleration forces with one or more of the following conditions attributable to the head injury:

- Any period of observed or self reported: Confusion, disorientation or impaired consciousness, and/or dysfunction or memory around the time of injury
- Loss of consciousness lasting less than 30 minutes, and has observed signs of other neurological or neuropsychological dysfunction such as seizures acutely following injury to the head, irritability, headache, dizziness, fatigue, poor concentration, lethargy, and/or vomiting following head injury (especially among children, and young adults).

The MSAD 6 Board recognizes that concussions and other head injuries are potentially serious and may 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-sponsored extracurricular athletic activities, including but not limited to interscholastic sports.

#### Concussion Management Team

The Concussion Management team for all students is administrators, guidance counselors, school nurse, and primary care physician. The athletic trainer, athletic director, and/or team physician will be added to the Concussion Management Team for students participating in school-sponsored activities. The Concussion Management Team will assist students with specific protocols of how to manage the signs and symptoms of post concussive syndrome by incorporating school/academic expectations during post concussion recovery – Return to Learn (RTL) and by also incorporating a Return to Play (RTP) policy for school sponsored athletics activities.

#### Cognitive Considerations

School personnel should be alert to cognitive and academic issues that may be experienced by students who have 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, and accommodate a gradual return to full participation in academic activities as appropriate, based on the recommendations of the student's family physician and appropriate designated school personnel (e.g., 504 Coordinator).

### Management of Concussive and Other Head Injuries

Any student suspected of having sustained a concussion or other head injury during school/school-sponsored activity must be removed from the activity immediately, and a member of the concussion management team needs to be notified. The student and his/her parent(s) will be informed of the need for an evaluation by a trained medical professional for a brain injury before the student will be allowed to return to school and activities.

No student will be permitted to return to school or to participate in any school-sponsored activity on the day of the suspected concussion.

Any student who is suspected of having sustained a concussion or other head injury will be prohibited from further participation in school/school-sponsored activities until the prescribed protocols in the administrative procedure are followed, along with written medical clearance from a physician who is qualified and trained in concussion management, and clearance is received from the athletic trainer if the student is an athlete.

Any student diagnosed with a concussion will be monitored during the school day. The school nurse, primary care physician will work together with the teachers, school counselors and administrators; and for athletes, the athletic trainer and team physician, will be involved with the student to set realistic goals and expectations to help the student succeed in class while obtaining the appropriate brain rest to recover from post concussive symptoms.

The school/academic expectations by the Concussion Management Team and the teachers will be maintained under the RTL protocol listed in JJIF-E.

No student will be permitted to return to full participation (school and athletic competition) until cleared to do so by the student's physician or team physician if the student is an athlete. More than one evaluation by the student's family physician or team physician may be necessary before the student is cleared for full participation in school and activities.

### Student Athletes and Return to Play

Once the athlete has received full clearance from a primary care physician or team physician, a gradual RTP program will be implemented and performed by the athletic trainer or a trained health care provider. An athlete must be asymptomatic before beginning the gradual RTP progression and if any kind of post-concussion symptom is brought on by the return to play progression, the athlete must again rest until asymptomatic, and then repeat the previous step of the program before progressing. If a student athlete has continual symptoms during the return play protocol, the athlete will see their PCP or team physician for a follow up evaluation. The process for the gradual return to play progression will be as follows:

Day 1: Stationary cycling for 20-30 minutes at 50-60% of maximum effort.

Day 2: Jogging and stretching activities for 20-30 minutes at 60-75% of maximum effort.

Day 3: Sport specific non-contact drills including agility with no pads at 75-100% maximum effort.

Day 4: For sports not requiring pads, full return to practice/game scenarios. For sports requiring pads, wearing full pads and practicing at 100% effort with no contact.

Day 5: For sports with pads, full return to practice/game scenarios.

If at any time during the return to play program signs or symptoms of a concussion are observed, the student must be removed from the activity and referred to his/her family physician for re-evaluation.

### Training

By June 30th of each year, the Athletic Director will identify the school-sponsored athletic activities. A list of these activities will be distributed to school administrators and coaches.

All coaches, including volunteer coaches and athletic trainers, must undergo training in the identification and management of concussive and other head injuries prior to assuming their coaching responsibilities. The training must be consistent with such protocols as may be identified or developed by the Maine Department of Education (DOE) and include instruction in the use of such forms as the DOE may develop or require. All will be required to undergo refresher training every two years or when protocols and/or forms have been revised.

It is the responsibility of the coach of the activity to act in accordance with this policy when the coach recognizes that a student may be exhibiting signs, symptoms and behaviors associated with a concussion or other head injury. If a coach recognizes that a student is exhibiting potential concussion symptoms, it is the coaches responsibility to notify a member(s) of the concussion management team.

### Student and Parent Information

Prior to the beginning of each sports season, students and parents of students who will be participating in school-sponsored athletic activities will be provided information regarding:

- 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 of concussion and other head injuries; and

- C. MSAD 6's protocols for (1) removal from the activity when a student is suspected of having sustained a concussion or other head injury, (2) evaluation, and (3) return to participation in the activity ("return to play").

The student and his/her parent(s) or guardians must sign a statement acknowledging that they have received and read this information before the student will be allowed to participate in any school-sponsored athletic activity.

Cross Reference: JJIA – Athletic Policy - Bonny Eagle High School  
JJIA-A – Athletic Policy - Bonny Eagle Middle School  
JJI – Philosophy of Athletics  
JJIF-E1 – Concussion Information Sheet  
JJIF-E2 – Return to Learn Guidelines  
JJIF-R – Guidelines for Athletes Return to Play After an Injury for  
Bonny Eagle High School and Bonny Eagle Middle School.

First Reading: December 3, 2012  
Adopted: December 17, 2012  
Reviewed  
Revised August 3, 2015

**Administrative Procedure**

**HEADING: Guidelines for Athletes Return to Play After an Injury for Bonny Eagle High School and Bonny Eagle Middle School**

General Injuries

When a student-athlete is injured or has other medical circumstances that may affect his or her participation in an extra-curricular athletic activity, the athlete must be evaluated by his or her family physician and/or the Bonny Eagle High School/Middle School athletic trainer and the consulting team physician in order to be allowed to return to play. Documentation to return to play to the specific sport in question must be provided by the family physician as well as the athletic trainer or consulting team physician at least one day prior to return to play.

Head and Neck Injuries

All coaches, including volunteer coaches and athletic trainers, must undergo training in the identification and management of concussive and other head injuries prior to assuming their coaching responsibilities. The training must be consistent with such protocols as may be identified or developed by the Maine Department of Education (DOE) and include instruction in the use of such forms as the DOE may develop or require. All will be required to undergo refresher training every two years or when protocols and/or forms have been revised.

In the case of head injury/concussion, the athlete must have documentation stating that the athlete is allowed to return to play. The note must stipulate the day that the athlete can return to play and must be dated no sooner than one day prior to the return date. Also, in the case of a head injury/concussion, the athlete's ImPact scores must have returned to baseline or above, and the athlete must be symptom free before he/she can return to competition.

Once the athlete has received clearance, a gradual return to play program will be implemented. An athlete must be asymptomatic before beginning the graded return to play program. If any kind of post-concussion symptom is brought on by the gradual activity, the athlete must again rest until asymptomatic, and then repeat the previous step of the program before progressing. The process for the gradual return will be as follows:

Day 1: Stationary cycling for 20-30 minutes at 50-60% of maximum effort.

Day 2: Jogging and stretching activities for 20-30 minutes at 60-75% of maximum effort.

Day 3: Sport specific non-contact drills including agility with no pads at 75-100% maximum effort.

Day 4: For sports not requiring pads, full return to practice/game scenarios. For sports requiring pads, wearing full pads and practicing at 100% effort with no contact.

Day 5: For sports with pads, full return to practice/game scenarios.

If an athlete sustains multiple concussions and termination of season or sport is necessary, a consensus decision will be made by the certified athletic trainer, the consulting team physician, the consulting neuropsychologist, and the athlete's family physician.

Reference      JJI – Philosophy of Athletics  
                    JJIA –Athletic Policy BEHS  
                    JJIA-A – Athletic Policy BEMS  
                    JJIF – Management of Concussions and Other Head Injuries  
                    JJIF-E1 – Concussion Information Sheet  
                    JJIF-E2 – Return to Learn Guidelines

April 22, 2002

Revised: December 17, 2012; August 3, 2015

**MSAD 6 Concussion Information Sheet**

**What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete will continue for several hours. MSAD 6 requires the consistent and uniform implementation of well-established return to play concussion guidelines that have been recommended for several years and reflected in Board policy:

Any student suspected of having sustained a concussion or other head injury during a school-sponsored athletic activity including but not limited to competition, practice or scrimmage, must be removed from the activity immediately.

No student will be permitted to return to the activity or to participate in any other school-sponsored athletic activity on the day of the suspected concussion.

Any student who is suspected of having sustained a concussion or other head injury will be prohibited from further participation in school-sponsored athletic activities until he/she has been evaluated and received written medical clearance as outlined in JJIF-R.

You will also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

**<http://www.cdc.gov/Concussion>**

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



**Parents and student-athletes: Please read, sign, and keep a copy. You must turn in a signed form prior to the start of practice.**

### MSAD 6 Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your student-athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

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| <ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fussy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul> | <ul style="list-style-type: none"> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> <li>• Amnesia</li> </ul> |
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**Signs observed by teammates, parents or coaches include:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays in coordination</li> <li>• Answers questions slowly</li> </ul> | <ul style="list-style-type: none"> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> <li>• Slurred speech</li> </ul> |
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This document is adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport Consensus Statement (2009)

**Bonny Eagle School District – Return to Learn Guidelines**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Stage	Goals, Ideas, Deficits	Teacher/Guidance Actions	Student Actions
Stage 1:	Complete rest.	<ul style="list-style-type: none"> <li>- Contacted by school nurse.</li> <li>- Explanation of injury and plan of care.</li> </ul>	<ul style="list-style-type: none"> <li>- Out of school. No work.</li> <li>- Strict limits re: use of electronics.</li> <li>- No physical/sports activity.</li> <li>- No band or chorus.</li> </ul>
Stage 2:	<ul style="list-style-type: none"> <li>- Significant deficits in processing speed, memory, may have vision difficulties.</li> <li>- Cognitive activity as tolerated.</li> <li>- As Tolerated: Activity does not produce or increase concussion symptoms.</li> </ul>	Develop list of three categories of assignments: 1. Excused: not to be made up. 2. Accountable: responsible for content, but may have accommodations or alternate form. 3. Responsible: student will complete and be graded when able. Goal: help student learn as much as possible, but not necessarily to assignments that are not essential.	<ul style="list-style-type: none"> <li>- In school as tolerated.</li> <li>- Homework as tolerated.</li> <li>- Get copies of notes.</li> <li>- Communicate with teachers about plans.</li> <li>- Be patient if slow recovery. Don't push so symptoms increase.</li> <li>- If symptoms increase: Take a break, stop doing current task and report to the nurse.</li> <li>- No physical activity.</li> <li>- No playing music, choir as tolerated as long as noise does not increase current symptoms.</li> <li>- No test taking.</li> </ul>
Stage 3:	<ul style="list-style-type: none"> <li>- Gradual increase of time and energy, slowly resuming workload without increase of symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>- Prioritize assignments with student, taking into account make up work and new work.</li> <li>- Continue with above categories.</li> <li>- Provide extra help as needed regarding missed material, and fully understanding current concepts.</li> </ul>	<ul style="list-style-type: none"> <li>- Full attendance as tolerated.</li> <li>- Progress back to homework completion then tests/quizzes if memory is within normal limits.</li> <li>- Coordinate with teachers with catching up and keeping up.</li> <li>- Band chorus as tolerated.</li> <li>- No physical activity.</li> </ul>
Stage 4:	<ul style="list-style-type: none"> <li>- Resumption of normal activities.</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor completion of assignments. Prioritize assignments with student, taking into account length of stages.</li> <li>- Consider total amount of makeup work and new work for all courses.</li> <li>- Communication between teachers, parents, and guidance is needed to complete missed work.</li> <li>- Provide guidance assistance in keeping with timelines to make up missed work.</li> <li>- Report any return of symptoms to nurse/ATC.</li> </ul>	<ul style="list-style-type: none"> <li>- Resume normal academic activities.</li> <li>- Communicate with teachers/guidance about progress to catch up on missed work.</li> <li>- Start graduated return to play with health care provider.</li> <li>- Report any return of symptoms to nurse/ATC.</li> </ul>

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As "tolerated" means as long as the activity does not produce or increase the concussion symptoms.

Duration varies greatly from one student to another. The stage a student is at is determined by the Concussion Management Team and other health care professionals managing the students concussion.

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[www.maine.gov](http://www.maine.gov) and <http://www.maine.gov/doi/concussion/resources/schoolexpectations.html>

Return to Learn Recommendations by William Hinds, MD

Rev. 6/10/15