

SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: JLCJ

CONCUSSIONS AND HEAD INJURIES

Statement of Purpose:

The School Board recognizes that concussions commonly occur in children and adolescents. Additionally, the Board acknowledges that the risk of catastrophic injuries or death is significant when a concussion is not properly evaluated and managed. The Board recognizes the District's responsibility to manage students who have suffered concussions, including the regulation of their academic and school-sponsored co-curricular activities.

In order to ensure the safety of all District students, this policy will apply to all academic and co-curricular activities as identified by the Board and administration.

Statement of Policy:

The Board authorizes the District to establish a *Return to Learn* protocol that describes the transition of a concussed student back into the academic setting. Additionally, the Board authorizes the District to establish a *Return to Play* protocol that describes the transition of a concussed student back onto the playing field (or other co-curricular activities).

Definition of Concussion

For the purposes of this policy, according to the Center for Disease Control (CDC), a concussion is defined as a type of traumatic brain injury (TBI) that results from a bump, blow, or jolt to the head (or by a hit to the body) that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain. While some research shows that the young brain can be resilient, it may also be more susceptible to the chemical changes that occur in the brain after a concussion. These changes can lead to a set of symptoms affecting the student's cognitive, physical, emotional, and sleep functions. Concussions affect people differently. Most students will have symptoms that last for a few days or a week. A more serious concussion can last for weeks, months, or even longer.

Concussion Awareness and Education

To the extent possible, the Board encourages the administration to implement concussion awareness and concussion education into the District's physical education and/or health education curriculum. The

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decision to include concussion awareness and concussion education into the curriculum will take into account all relevant factors, including considerations for available time, resources, access to materials, and other pertinent factors.

Additionally, to the extent possible, the Board encourages the administration to implement concussion awareness and concussion education professional development for SRSD faculty and staff.

Cognitive, Physical, Emotional, and Sleep-Centered Problems from Concussion

Because concussions are a type of traumatic brain injury (TBI), they change the way the brain normally functions. Students who sustain a concussion may suffer from a whole host of symptoms including cognitive challenges (a reduction in the ability to think clearly, concentrate, or remember), physical challenges (may suffer from headaches, nausea, vomiting, dizziness, blurry vision, sensitivity to light, etc.), emotional challenges (may exhibit signs of irritability, sadness, nervousness, etc.), and sleep challenges (may feel very drowsy, may sleep more than usual, may sleep less than usual, may have trouble falling asleep, etc.).

Most importantly, a concussed student who suffers from a second concussion before the first concussion has healed, is susceptible to serious, lasting injuries, up to and including the potential for sudden death.

Management of Concussed Students

A student who sustains a concussion should have his or her academic and co-curricular activities closely monitored and managed. Any taxing activity--- physical or cognitive --- may hinder a student's recovery and may trigger a worsening of symptoms. Additionally, a secondary blow to the head in an already concussed individual can be devastating and even deadly. Due to these reasons, the District will operate in a step-wise manner when returning students to the classroom or to the playing field (or other co-curricular activity) after a concussion has been suffered.

Return to Learn and Return to Play

In order to safeguard the ongoing safety of concussed students and in order to manage the academic and physical needs of concussed students, the Board authorizes the District to establish a *Return to Learn* protocol that describes the transition of a concussed student back into the academic setting. Additionally, the Board authorizes the District to establish a *Return to Play* protocol that describes the transition of a concussed student back onto the playing field (or other co-curricular activities).

The *Return to Learn* and *Return to Play* protocols shall be based upon the latest information, research, and recommendations of the scientific and education communities.

Collaboration with Medical Personnel

Whenever possible, and provided that a medical release of information has been granted, the District's medical staff (primarily consisting of school nurses but also including licensed athletic trainers) will collaborate with a student's doctor to create a *Return to the Learn* or a *Return to Play* plan.

Legal Reference:

RSA 200:49, Head Injury Policies for Student Sports

RSA 200:50, Removal of Student-Athlete

RSA 205:51, School Districts; Limitation of Liability

RSA 200:52, Definitions

See Also:

<http://nhiaa.org/PDFs/3076/SuggestedGuidelinesforManagementofConcussioninSports.pdf>

<http://www.bianh.org/concussion.asp>

History:

Effective: October 9, 2013

School Board: October 16, 2013

School Board: November 6, 2013

Policy: January 29, 2010

School Board: February 19, 2013

Reclassified and reaffirmed: May 15, 2019