

JJIF-E Marshwood Concussion Protocol

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A concussion is an injury to the brain. Supporting the recovery of any student with a concussion requires that the brain injury be viewed as unique, and thus, an individualized, progressive rehabilitation plan be implemented. The success of this plan is dependent on the collaborative efforts of the school, the family, the medical professional, and the student. The following protocol is designed to normalize the school's support for a student with a concussion that will progressively adapt to the individual student's recovery.

Any student, who is suspected to have incurred a concussion, must be removed from all activities, academic and athletic, immediately and be referred to a doctor for a diagnosis.

If a concussion is diagnosed, the family will provide a signed release for the school to communicate with the doctor for supporting the student's recovery.

The following steps will be used when a student is diagnosed with a concussion:

Initial Recovery Period From 1 to 5 Days

The student will remain at home for complete physical and mental rest. While at home, the student should get complete rest including plenty of sleep, no mental exertion, no computer use, no texting, no video games, and no driving until symptoms begin to diminish. As symptoms diminish, the student may slowly increase mental and/or physical exertion. If symptoms worsen, the student must stop and return to complete rest. Parent(s) and student will monitor and record symptoms, duration, frequency and any associated mental or physical activity.

When student is able to perform 30 minutes of light mental and/or physical activity without worsening symptoms (within 1-5 days), then:

Re-acclimation Period From 1 to 6 weeks

- The school, the parents, the student and medical professional will confer using information collected to decide if a progressive plan to re-acclimate the student to school is necessary.
- If so, the plan shall consider: length of manageable day, accommodations related to symptom(s), symptom causing activities, rest breaks, and work reductions (30 minute maximum activity).
- The student will continue to slowly increase mental and/or physical activity as long as symptoms do not worsen.
- Parent(s), student(s) and teachers will monitor and record use of accommodations, symptoms and associated activity.
- The school, the student, the parents and the medical professional will review the plan every two weeks, and if the student is able to increase duration of physical and/or mental activity without a worsening of symptoms, the associated accommodations will be diminished accordingly.
- When a student is able to manage 60 minutes of mental exertion without worsening symptoms, the student should return to a full school day without accommodations, and may be considered for the return to play protocol if applicable.

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