



MAINE DEPARTMENT
OF EDUCATION

Concussion Management In Schools

Presented by: Maine DOE School Health Services



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CONCUSSION MANAGEMENT RESOURCE GUIDE



Maine DOE Concussion Management Resource Guide

The Maine Department of Education provides a Concussion Management Resource Guide in accordance with Maine Revised Statutes Title 20-A section 6403-A (5) which directs the Commissioner of Education to issue guidelines on the provision of school health services and health-related activities.

This presentation provides a general overview of the Concussion Management Guide and Model Policy.



[Concussion
Management
Resource Guide](#)





Contents

- This presentation provides an overview of information found in the Maine DOE Concussion Management Resource Guide and Model Policy.
- The presentation is divided into three sections:

1. Concussion Policy Requirements

Overview of the current Maine concussion requirements and resources.

2. Management of Concussion Plan

Overview of concussion identification and management including return-to-learn and return-to-sport plans.

3. Assessment Tools & Case Study

Overview of assessment tools. Case Study to apply knowledge



Objectives

Gain/strengthen understanding of the Maine DOE Concussion Management Resource Guide and Model Policy including the following key terms:

- Concussion
- Concussion Management Team
- Concussion Awareness Training
- Graduated School Reentry
- Medical Clearance
- School Activity
- School Health Professional
- School Personnel

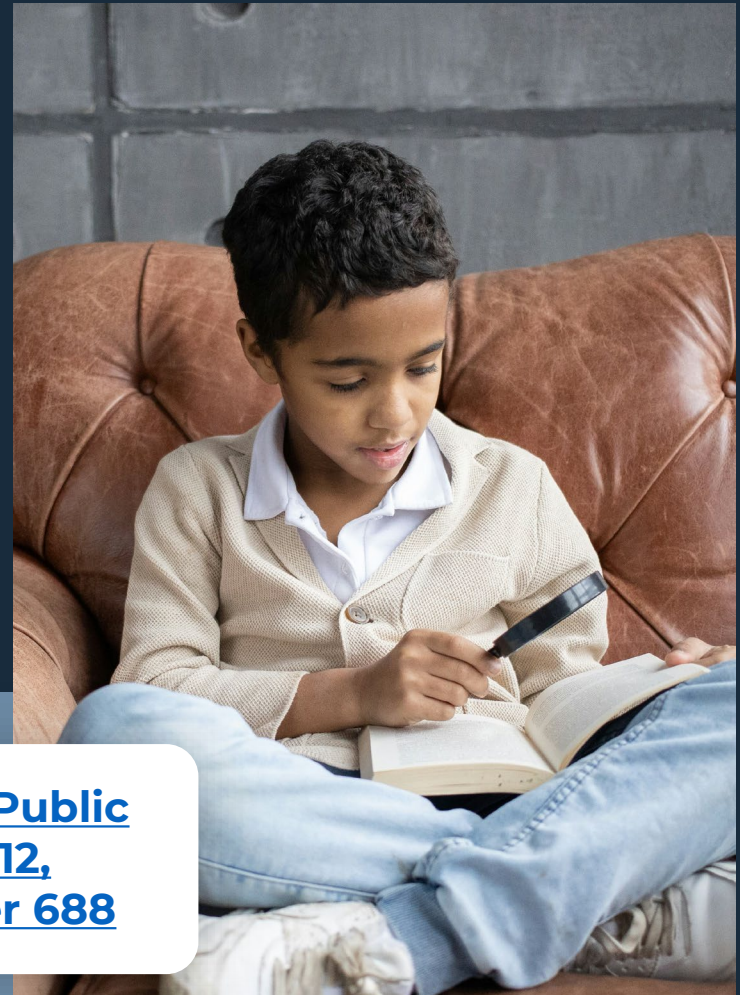
Concussion Policy Requirements

What Does Maine Law Require?

- **Model Policy** created by Concussion Workgroup led by Maine DOE
- Schools *“shall adopt and implement a policy on the management of concussive and other head injuries in school activities and athletics that is consistent with the model policy”*



[Maine Public Law 2012, Chapter 688](#)





Model Policy

The Management of Concussion Model Policy, as directed by Public Law 2012, Chapter 688, includes the following requirements:

- Training for staff
- Student and Parent/guardian acknowledgement of local policy
- Concussion Management Team
- Management of concussion plan



[Management of Concussion Model Policy](#)

Training for Staff

Annual training must be completed by extracurricular and athletics related school personnel (including volunteers) identified by the CMT.

- They must be made aware of policy and protocols related to the management of concussive injuries.
- They must participate in concussion awareness training that includes:
 - recognizing signs and symptoms that may suggest a concussion.
 - instruction in the use of graduated school and activity reentry protocols.



[Approved](#)
[Trainings](#)





[Sample
Notification
Form](#)

Student and Parent/Guardian Acknowledgement of Local Policy

Prior to participating in a school athletic activity, all students and parents/guardians will be provided information including:

- The risk of concussion and the dangers of continuing to participate when a concussion is suspected
- The signs, symptoms, and behaviors associated with concussion
- The school administrative unit's concussion protocols

Concussion Management Team

The Concussion Management Team (CMT) should have a few core members that have a solid understanding of the concussion policy and graduated school reentry protocol.

- The work of this team may be incorporated into another, such as a Student Support Team. The academic monitor role should shift as the team manages different student reentry plans.

Title	Suggested Individual	Responsibilities
Point Person	School nurse Athletic trainer Administrator School counselor	<ul style="list-style-type: none"> • Coordinate CMT. • Advocate for the students' needs. • Serve as the primary point of contact with the student, family, medical provider and all members of the team.
Symptom Monitor	School nurse Athletic trainer Physician assistant Nurse practitioner Physician	<ul style="list-style-type: none"> • Assess the student for concussion symptoms regularly for the first two weeks or longer as necessary. • Report assessment result to the CMT or point person
Academic Monitor	Teacher(s) School counselor Other school staff person familiar with the student	<ul style="list-style-type: none"> • Collect teacher reports about academic performance. • Monitor and report behavior and academic progress to the CMT.
Other Members as necessary	Athletic director Neuropsychologist School psychologist Coach Physical therapist Athletic trainer School counselor Student Parent Pediatrician or primary care provider	<ul style="list-style-type: none"> • Provide context to the student's symptoms, behavior, and academic progress. • Consistent communication. • Identify upcoming needs and challenges facing the student.

Management of Concussion Plan

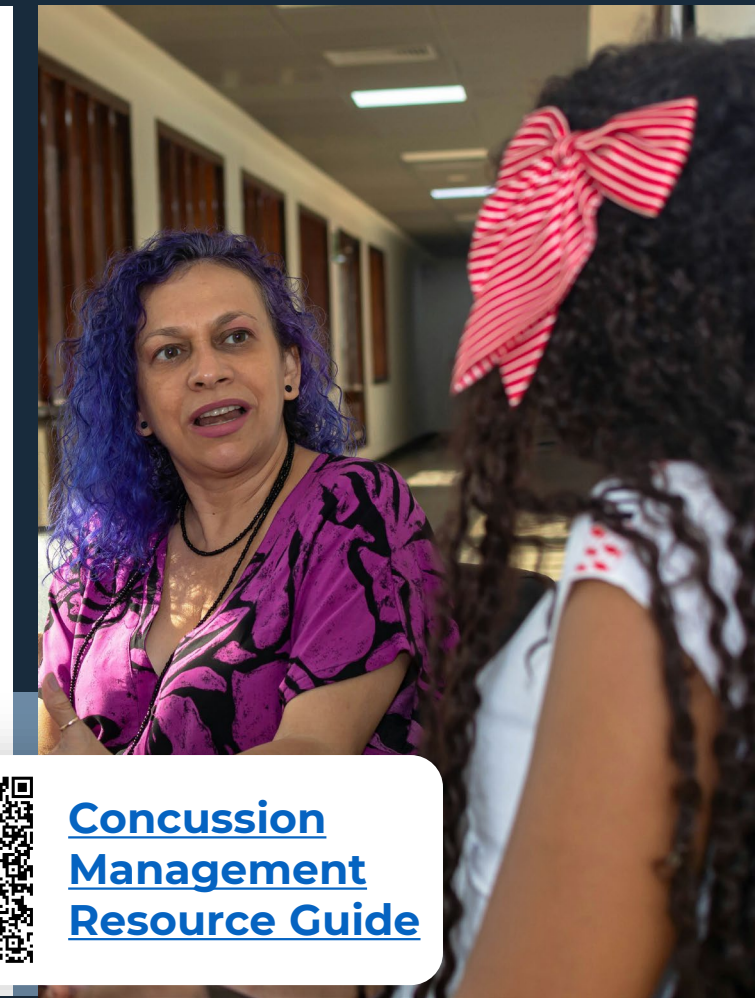
A Management of Concussion Plan must include*:

- Recognition of a suspected concussion
- Evaluation of a suspected concussion
- A graduated return to school and return to activity protocol, and medical clearance.

**The Maine DOE Concussion Management Resource Guide is created to provide evidence-based best practices for this purpose*



[Concussion Management Resource Guide](#)



Management of Concussion Plan

Concussion Definition

A concussion is a type of traumatic brain injury.

- 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.
- The effects of any injury to the brain can be serious.



What to Watch For

Concussion Signs and Symptoms

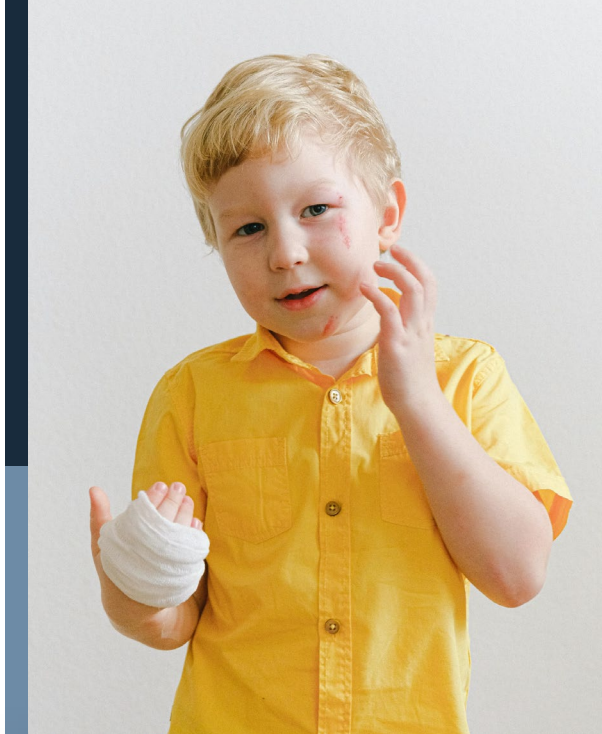


Observable Symptoms

- Not recalling events prior to or after a hit or fall
- Appearing dazed or stunned
- Forgetting an instruction
- Confused about an assignment or position
- Unsure of the game, score or opponent
- Moving clumsily
- Answering questions slowly
- Loss of consciousness
- Mood, behavior or personality changes

Reported Symptoms

- Headache or “pressure”
- Nausea or vomiting
- Balance problems
- Dizziness
- Double or blurry vision
- Light or sensitivity
- Sluggish, hazy, foggy or groggy
- Confusion, concentration or memory problems
- Just not “feeling right” or “feeling down”



What to Do

Initial Response

What to do when you recognized a possible concussion

Do:

- Remove the individual(s) from the activity
- Refer to School Nurse or Athletic Trainer. They will:
 - Assess the individual
 - Refer for further assessment, if needed.
 - Communicate to staff regarding return to learn/play, if needed.
- Monitor the student until a school health professional (or other help) arrives.

Do Not:



- Allow the student to continue an activity until they have been evaluated by a School Health Professional

Referral

Once a referral to a health care provider has been made by the school nurse, athletic trainer, or other school health professional, the student must receive written medical clearance.

- **The medical clearance allows a student to begin the graduated return to school and return to activity protocol.**

A graduated school reentry plan is developed by the CMT in collaboration with school personnel, parent(s)/caregivers, and medical provider.

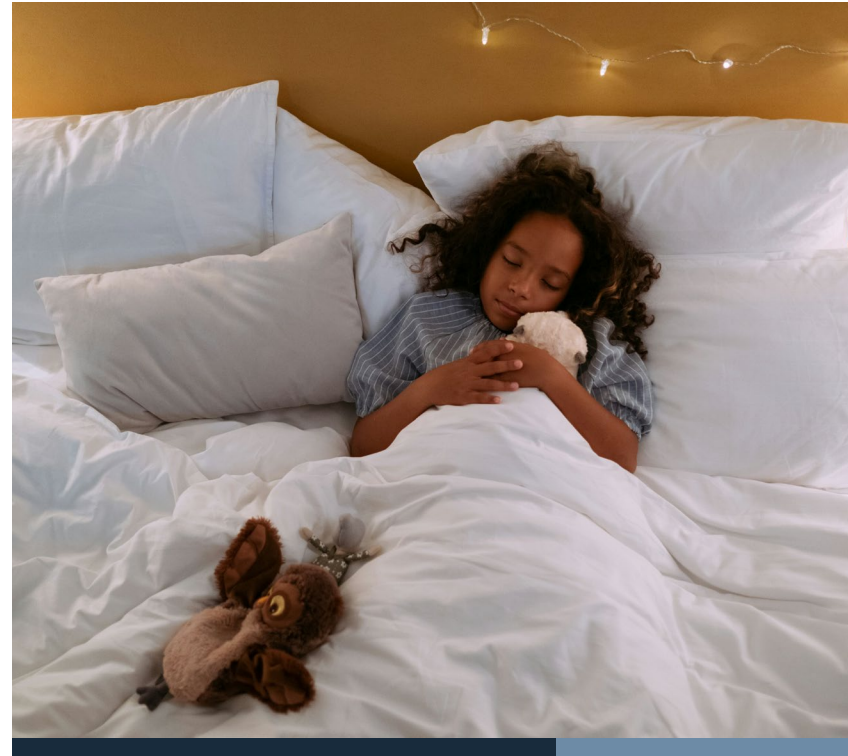
- This plan supports the student's return to academic activities and eases the stress of making up past work while engaged in their present work.



Concussion Recovery

Recovery can vary from individual to individual.

- Students who experience a concussion generally recover completely within two weeks.
- A full recovery can be assisted by school staff who understand the symptoms and who provide the necessary accommodations and support.
- Based on the plan of the school's Concussion Management Team (CMT), School Health Staff, and LHP, **students should gradually return to learning activities followed by a gradual return to play.**



Considerations for Graduated School Reentry



The Concussion Management Team will monitor the gradual school reentry until a student is recovered and able to return fully to their pre-injury academic and extracurricular programming.

- Clear communication
- Temporary accommodations and supports
 - Adjusted schedules
 - Reduced workload
 - Missed work planning
 - Access to school nurse
- Gradual reduction of accommodations
- Gradual School Reentry includes BOTH Return-to-Learn and Return-to-Sport protocols
 - Return to full extracurricular activity ONLY after completing full return to learn protocol

Return-To-Learn Strategy

Step	Mental Activity	Activity at Each Step	Goal
1	Daily activities that do not result in more than mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (e.g., reading) while minimizing screen time. Start with 5-15 min at a time and increase gradually.	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	Return to school part time	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
4	Return to school full time	Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

Return-To-Sport Strategy

Step	Exercise Strategy	Activity at Each Step	Goal
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking).	Gradual reintroduction of work/school
2	Aerobic exercise 2A- Light (up to approximately 55% maxHR), then 2B- Moderate (up to approximately 70% maxHR)	Stationary cycling or walking at a slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate
3	Individual sport-specific exercise Note: If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3	Sport-specific training way from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact.	Add movement, change of direction
4	Non-contact training drills (begins after the resolution of all concussion related symptoms)	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination and increased thinking
5	Full contact practice	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6	Return to Sport	Normal game play.	



Collection and Reporting Concussion Data

The School Administrative Unit should track:

- Number of concussions
- Activity associated with the injury
- Number of school days missed
- Other information determined necessary by the CMT.

The CMT will review this data and make recommendations as needed.



[2025 Concussion Incidence in Maine Schools](#)

Concussion Assessment Tools & Case Study

SCAT6™

Sport Concussion Assessment Tool
For Adolescents (13 years +) & Adults



Child SCAT6™

Sport Concussion Assessment Tool
For Children Ages 8 to 12 Years



SCOAT6™

Sport Concussion Office Assessment Tool
For Adults & Adolescents (13 years +)



Child SCOAT6™

Sport Concussion Office Assessment Tool
For Children Ages 8 to 12 Years



Assessment Tool Examples

The following standardized tools are designed for use by healthcare professionals.

- SCAT6
 - For individuals over age 13, the [SCAT6](#) may be used as a baseline assessment or post-injury assessment within 3 days of injury.
 - For children 8-12 years of age, the [Child SCAT6](#) may be used post-injury for up to 7 days.
- SCOAT6
 - The Sports Concussion Office Assessment Tool ([SCOAT6](#)) may be used for ongoing assessment after 3 days post-injury.

Case Study: Background

Caitlin Jordan (CJ)

- 7th-grade student with no known medical conditions.
- Participates regularly in PE class and extracurricular sports, including school basketball.
- Today, during PE, students are divided into teams to play basketball.





Case Study: Incident

During a fast break, CJ lost her footing near the baseline under the hoop. She stumbled forward and hit her head against the gym wall.

Observations:

- Loud thud noted by teacher
- Other students witnessed CJ hit her head on the wall
- Other students called over the teacher immediately

Case Study: Initial Response

As the PE teacher responds, they note the following:

- CJ sits up quickly
- She appears dazed
- She is clutching her head
- When asked if she's "ok", CJ states "I'm ok, I just feel kind of weird and my head hurts".



**What are the
teacher's next
steps?**





Case Study: Secondary Response

The teacher calls for the School Nurse and stays with CJ while a nearby teacher helps to manage the other students in class.

The School Nurse assesses CJ, suspects a possible concussion, and decides to refer her for follow up with a healthcare provider.



**Can the student
participate in
tonight's B-ball
team practice?**

Case Study: Recovery

CJ is officially diagnosed with a concussion.

CMT is notified, and student begins return-to-learn protocol.

A few weeks later, the student has completed a full return-to-learn protocol and return-to-sport protocol

The School Nurse and Athletic Trainer continue to check-in with CJ as she resumes normal sports and activities.





CONCUSSION MANAGEMENT RESOURCE GUIDE



Thank You

Thank you for attending!

The Maine Department of Education's Concussion Management Resource Guide and Model Policy contain the information presented today. These documents and more information can be found on the Maine DOE Concussion Management website

Click the link or scan the QR code to learn more:



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