

# **Policy Development Committee Agenda**

**2/9/2021**

**7:30 A.M. ~ Gilford High School – Rm 131**

## **Policies to Review**

KB – Parent Involvement in Education

JKAA – Use of Restraints

JLCJ – Concussions and Head Injuries

EBBB – Accident Reports

*Current GSD policy. Suggest replacing with NHSBA sample policy Title I Family and Community Engagement to comply with the Every Student Succeeds Act.  
12-8-2020 Policy Committee  
1-12-2021 Policy Committee  
2-1-2021 School Board – first reading  
2-9-2021 Policy Committee*

**KB**  
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## **PARENT INVOLVEMENT IN EDUCATION**

The Gilford School Board recognizes the importance of having parents involved in the educational programs of their children. Since current research indicates that a home/school partnership and greater involvement of parents in the education of their children generally result in high achievement scores, improved student behavior, and reduced absenteeism, parents of students enrolled in the district's programs are encouraged to take an active role in the education of their children.

In an attempt to ensure that parents more fully participate in their child's educational programs, the Gilford School District supports the following activities:

- The district will provide timely information concerning their programs, including program plans, descriptions, and evaluations.
- The district will notify each child's parents, in a timely fashion, if a child has been selected to participate in special district programs and the criteria used in making the selection.
- Conferences between individual parents and teachers will be held on a regular and continuing basis.
- The parents of each child selected for services under the Federal legislation, Individuals with Disabilities in Education Act (IDEA), Guidance, or the federally funded Title I grant will be informed of the specific instructional objectives and progress for their child.
- Parents of children identified to participate in Title I programs will receive from the school principal and Title I staff an explanation of the reasons supporting each child's selection for the program, a set of objectives to be addressed and a description of the services provided.
- The district will provide opportunities for the training/orientation of parents whose children are enrolled in the programs for the purpose of promoting the education of these children at home as well as in school.
- The district will solicit parents' suggestions in the planning, development, and operations of the districts' programs.
- The district will consult with parents about how the school can work with parents to achieve the school and program's objectives
- The district will provide consideration and when applicable, timely responses, to parents' suggestions.
- The district will sponsor annual open house and information activities for parents.
- The district will provide parents with a district and school report cards, which review the achievement of all students and specified subgroups of students.
- Upon request, the district will provide parents with teacher and/or paraprofessional qualifications.
- The district will notify parents if an unqualified person has taught their child for 4 consecutive weeks.

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- The district will inform parents of the school's Adequate Yearly Progress along with a description of what AYP means and the current status of the school in terms of AYP.

**(Adopted: 7/17/95)**

**(Revised: 7/17/00)**

**(Revised: 8/15/05)**

Resources: National Standards for Parent/Family Involvement Programs  
Local Education Agency Plans P.L. 107. 110, NCLB Act of 2001, Title I  
Improving the Academic Achievement of the Disadvantaged, Sec 1118 Policy

*NHSBA sample policy. Suggest replacing current GSD policy Parent Involvement in Education with sample policy Title I Family and Community Engagement to comply with the Every Student Succeeds Act.*

*12-8-2020 Policy Committee*

*1-12-2021 Policy Committee*

*2-1-2021 School Board – first reading*

*2-9-2021 Policy Committee (add guardians)*

## **KB - TITLE I FAMILY ENGAGEMENT**

(Download policy)

*Category: Priority/Required by Law for all Title I Districts*

*This policy is required for school districts receiving Title I funds (e.g., Title IA, Focus/Priority, SIG.)*

The School Board endorses the family and community engagement goals of the Every Student Succeeds Act and encourages regular collaboration between family members, community members, and school leadership. The education of children is viewed as a cooperative effort among the parents, school and community, other family members involved in supporting the child's development and education.

Pursuant to federal law, the District will develop jointly with distribute to parents of children participating in the Title I program a written family and community engagement policy.

The goal of this policy is to:

- (1) Honor and recognize families' funds of knowledge,
- (2) Connect family engagement to student learning,
- (3) Create welcoming, inviting cultures, and
- (4) Develop the capacity of families to negotiate the roles of supporters, advocates, and collaborators.

The District will implement at least one annual meeting that is available to all families of students attending Title I schools and/or for families that include a student who receives Title I services (Targeted Schools). These meetings will provide parents and family members opportunities to participate in the design, development, operation and evaluation of the program for the next school year. Additional meetings may be held at the will of the Superintendent or school board. These meetings will be used to:

1. Involve parents in the joint development of the Title I program plan, the process of reviewing the implementation of the plan, and suggesting overall school improvements goals.
2. Provide the coordination, technical assistance and other support necessary to assist participating schools in planning and implementing effective family and community engagement activities to improve student academic achievement and school performance.
3. Build the schools' and parents' capacity for strong family and community engagement.
4. Coordinate and integrate Title I family and community engagement strategies with those of other educational programs.
5. Conduct, with the involvement of families, an annual evaluation of the content of the

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*2-9-2021 Policy Committee (add guardians)*

family engagement policy and its effectiveness in improving the academic quality of the schools served. This will include identifying barriers to greater participation by parents in activities authorized by law, particularly by parents who are economically disadvantaged, have disabilities, have limited English proficiency, have limited literacy, or are of any racial or ethnic minority background. The district will use the findings of such evaluation to design strategies for more effective parental involvement and to revise, if necessary, the parental involvement policies.

6. Involve families in the activities of the schools served.

Title I funding, if sufficient, may be used to facilitate parent attendance at meetings through payment of transportation, childcare costs, food for the event, and academic based supplies and activities during the event. In targeted assistance programs, the families of children identified to participate in Title I programs will receive from the school Principal and/or Title I staff an explanation of the reasons supporting each child's selection for the program, a set of objectives to be addressed, and a description of the services to be provided. Opportunities will be provided for the parents to meet with the classroom and Title I teachers to discuss their child's progress. Parents will also receive guidance as to how they can assist in the education of their children at home.

**NHSBA Note:** Changes to this Sample Policy are required pursuant to the recent passage of the Every Student Succeeds Act (ESSA). ESSA contains various changes to Title I requirements and certain aspects of community and parental involvement. The changes made throughout this policy are intended to address those requirements. The changes made throughout this policy relative to Title I parental involvement are recommended by the New Hampshire Department of Education in collaboration with NHSBA.

**Legal References:**

*20 U.S.C. §6318, Title I - Parental Involvement*

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## **USE OF RESTRAINTS**

### **Definitions:** (RSA 126-T:1, IV)

1. “Restraint” means bodily physical restriction, mechanical devices, or any device that unreasonably limits freedom of movement. It includes mechanical restraint, physical restraint, and medication restraint used to control behavior in an emergency or any involuntary medication.

“Restraint” shall not include:

(a) Holding a child to calm or comfort the child, holding a child’s hand or arm to escort the child safely from one area to another, or intervening in an ongoing assault or fight.

(b) Brief periods of physical restriction by person-to-person contact, without the aid of medication or mechanical restraints, accomplished with minimal force and designed either to prevent a child from completing an act that potentially would result in physical harm to himself or herself or to another person, or to remove a disruptive child who is unwilling to leave an area voluntarily.

(c) Physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages, and supportive body bands, or other physical holding when necessary for routine physical examinations and tests or for orthopedic, surgical, and other similar medical treatment purposes, or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling out of bed, or to permit a child to participate in activities without the risk of physical harm.

(d) The use of seat belts, safety belts, or similar passenger restraints during the transportation of a child in a motor vehicle.

(e) The use of force by a person to defend himself or herself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of such force which he or she reasonably believes to be necessary for such purpose.

2. “Medication restraint” occurs when a child is given medication involuntarily for the purpose of immediate control of the child’s behavior.

3. “Mechanical restraint” occurs when a physical device or devices are used to restrict the movement of a child or the movement or normal function of a portion of his or her body.

4. “Physical restraint” occurs when a manual method is used to restrict a child’s freedom of movement or normal access to his or her body.

### **Procedures for Managing The Behavior of Students:** (RSA 126-T:2)

The Superintendent is authorized to establish procedures for managing the behavior. Such

procedures shall be consistent with this policy and all applicable laws. The Superintendent is further authorized to establish any other procedures necessary to implement this policy and/or any other legal requirements.

**Circumstances in Which Restrain May Be Used:** (RSA 126-T:2)

Restraint will be used only when the physical action of a student creates a substantial risk of harm to self or others; and/or as a last resort when all other positive interventions have failed, or the level of immediate risk prohibits exhausting other means.

Restraint is appropriate only when a student is displaying physical behavior that presents substantial risk to the student or others, and considered when, in the opinion of the supervising adult, the threat is imminent. Persons implementing a restraint will use extreme caution, and will use the least amount of physical strength necessary to protect the student. The use of physical intervention should not exceed that necessary to avoid injury. The degree of physical restriction employed must be in proportion to the circumstances of the incident and the potential consequences. School administration may elect to contact the local law enforcement agency for support if necessary.

A restraint of a student will be conducted in a manner consistent with the techniques prescribed in the District approved training program. The purpose of the restraint is to assist the student to regain emotional stability. It should last only as long as is necessary to accomplish this. To the extent possible, it will be conducted in such a way as to preserve the confidentiality and dignity of all involved.

Restraint should be carried out by trained persons authorized by the Superintendent, Special Education Administrator, Principal or his/her designee. Untrained staff is limited to physically intervening by using the minimal amount of physical contact with the student to protect the student and ensure the safety of others until trained staff is available. Untrained staff should request assistance from trained staff as soon as possible.

**Authorization and Monitoring of Extended Restraint:** (RSA 126-T:11)

1. Restraint shall not be imposed for longer than is necessary to protect the student or others from the substantial and imminent risk of serious bodily harm.
2. Students in restraint shall be continuously and directly observed by district personnel trained in the safe use of restraint.
3. No period of restraint of a student may exceed 15 minutes without the approval of a supervisory employee designated by the Special Education Administrator, Principal or designee to provide such approval.
4. No period of restraint of a student may exceed 30 minutes unless a face-to-face assessment of the mental, emotional, and physical well-being of the student is conducted by a supervisory employee designated by the Special Education Administrator, Principal or designee who is trained to conduct such assessments. The assessment shall also include a determination of whether the restraint is being conducted safely and for a

purpose authorized by this chapter. Such assessments shall be repeated at least every 30 minutes during the period of restraint. Each such assessment shall be documented in writing and such records shall be retained by the facility or school as part of the written notification required in RSA 126-T:7, II.

**Prohibition of Dangerous Restraint Techniques** (RSA 126-T:4)

Use of the following restraint and behavior control techniques is prohibited:

1. Any physical restraint or containment technique that:
  - (a) Obstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing;
  - (b) Places pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back, or abdomen of a child;
  - (c) Obstructs the circulation of blood;
  - (d) Involves pushing on or into the child's mouth, nose, eyes, or any part of the face or involves covering the face or body with anything, including soft objects such as pillows, blankets, or washcloths; or
  - (e) Endangers a child's life or significantly exacerbates a child's medical condition.
2. The intentional infliction of pain, including the use of pain inducement to obtain compliance.
3. The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near a child for the purpose of controlling or modifying the behavior of or punishing the child.
4. Any technique that unnecessarily subjects the child to ridicule, humiliation, or emotional trauma.

**Reporting Requirements and Parental Notification:** (RSA 126-T:7)

In the event restraint is used on a student, the building principal will, within 24 hours, verbally notify the student's parents/guardian of the occurrence.

The building principal will, within 5 business days after the occurrence, submit a written notification/report to the Superintendent. The notification shall contain all the requirements and information as mandated by RSA 126-T:7, II. The Superintendent may develop a reporting form or other documents necessary to satisfy these reporting requirements.

Unless prohibited by court order, the Superintendent shall, within 2 business days of receipt of the notification required in the above paragraph, send by first class mail to the child's parent or guardian the information contained in the notification/report. Each notification/report prepared under this section shall be retained by the school or facility for review in accordance with rules adopted under RSA 541-A by the state board of education and the department of health and



*Current GSD Policy for review. Numerous changes were made to the NHSBA sample policy due to changes to RSA 126-U. Suggest replacing with NHSBA sample policy.  
2-9-2021 Policy Committee*

human services.

**Transportation:** (RSA 126-T:12)

The school district will not use mechanical restraints during the transportation of children unless case-specific circumstances dictate that such methods are necessary.

Whenever a student is transported to a location outside the school, the Superintendent or designee will ensure that all reasonable and appropriate measures consistent with public safety are made to transport or escort the student in a manner which:

1. Prevents physical and psychological trauma;
2. Respects the privacy of the child; and
3. Represents the least restrictive means necessary for the safety of the child.

Whenever a student is transported using mechanical restraints, the Superintendent or designee will document in writing the reasons for the use of the mechanical restraints.

**(Adopted: 12/6/2010)**

*NHSBA sample policy. Numerous changes were made to the NHSBA sample policy due to changes to RSA 126-U. Suggest replacing current GSD policy with this NHSBA sample policy.*  
2-9-2021 Policy Committee

## **JKAA - USE OF RESTRAINTS AND SECLUSION**

(Download policy)

*Category: Priority/Required by Law*

### **Definitions:**

1. (a) **"Restraint"** means bodily physical restriction, mechanical devices, or any device that immobilizes a person or restricts the freedom of movement of the torso, head, arms, or legs. It includes mechanical restraint, physical restraint, and medication restraint used to control behavior in an emergency or any involuntary medication. It is limited to actions taken by persons who are school or facility staff members, contractors, or otherwise under the control or direction of a school or facility.

(b) "Restraint" shall not include:

(1) Brief touching or holding to calm, comfort, encourage, or guide a child, so long as limitation of freedom of movement of the child does not occur.

(2) The temporary holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a child to stand, if necessary, and then walk to a safe location, so long as the child is in an upright position and moving toward a safe location.

(3) Physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages, and supportive body bands, or other physical holding when necessary for routine physical examinations and tests or for orthopedic, surgical, and other similar medical treatment purposes, or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling out of bed, or to permit a child to participate in activities without the risk of physical harm.

(4) The use of seat belts, safety belts, or similar passenger restraints during the transportation of a child in a motor vehicle.

(5) The use of force by a person to defend himself or herself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of such force which he or she reasonably believes to be necessary for such purpose and the actor does not immobilize a child or restrict the freedom of movement of the torso, head, arms, or legs of any child.

2. **"Medication restraint"** occurs when a child is given medication involuntarily for the purpose of immediate control of the child's behavior.

3. **"Mechanical restraint"** occurs when a physical device or devices are used to restrict the movement of a child or the movement or normal function of a portion of his or her body.

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2-9-2021 Policy Committee

4. "**Physical restraint**" occurs when a manual method is used to restrict a child's freedom of movement or normal access to his or her body.

5. "**Seclusion**" means the involuntary placement of a child alone in a place where no other person is present and from which the particular child is unable to exit, either due to physical manipulation by a person, a lock, or other mechanical device or barrier. The term shall not include the voluntary separation of a child from a stressful environment for the purpose of allowing the child to regain self-control, when such separation is to an area which a child is able to leave. Seclusion does not include circumstances in which there is no physical barrier between the child and any other person or the child is physically able to leave the place. A circumstance may be considered seclusion even if a window or other device for visual observation is present, if the other elements of this definition are satisfied.

#### **Procedures for Managing The Behavior of Students:**

The Superintendent is authorized to establish procedures for managing the behavior. Such procedures shall be consistent with this policy and all applicable laws. The Superintendent is further authorized to establish any other procedures necessary to implement this policy and/or any other legal requirements.

#### **Circumstances in Which Restraint May Be Used:**

Restraint will only be used to ensure the immediate physical safety of any person when there is a substantial and imminent risk of serious bodily harm to the student or others.

Restraint will only be used by trained school staff.

Restraint will not be as punishment for the behavior of a student.

Restraint will not be imposed for longer than is necessary to protect the student or others from the substantial and imminent risk of serious bodily harm.

No period of restraint of a student may exceed 15 minutes without the approval of a supervisory employee designated by the director to provide such approval. No period of restraint of a student may exceed 30 minutes unless an assessment of the mental, emotional, and physical well-being of the student is conducted by a trained and authorized employee.

#### **Circumstances in Which Seclusion May Be Used:**

The School Board recognizes the statutorily imposed conditions of seclusions and hereby adopts those conditions, as defined by RSA 126-U:5-b.

Seclusion may only be used when a student's behavior poses a substantial and imminent risk of physical harm to the student or others.

Seclusion will be used only by trained school staff.

*NHSBA sample policy. Numerous changes were made to the NHSBA sample policy due to changes to RSA 126-U. Suggest replacing current GSD policy with this NHSBA sample policy.*  
2-9-2021 Policy Committee

Seclusion will not be used as a form of punishment for the behavior of a student.

**Prohibition of Dangerous Restraint Techniques:**

The School Board recognizes and hereby prohibits the use of "dangerous restraint techniques" as defined in RSA 126-U:4.

**Reporting Requirements and Parental Notification:**

In the event restraint or seclusion is used on a student, the building principal will, within 24 hours, verbally notify the student's parents/guardian of the occurrence.

The building principal will, within 5 business days after the occurrence, submit a written notification/report to the Superintendent. The notification shall contain all the requirements and information as mandated by RSA 126-U:7, II. The Superintendent may develop a reporting form or other documents necessary to satisfy these reporting requirements.

Unless prohibited by court order, the Superintendent will, within 2 business days of receipt of the notification required in the above paragraph, send by first class mail to the child's parent or guardian the information contained in the notification/report. Each notification/report prepared under this section shall be retained by the school for review in accordance with state board of education rules and the department of health and human services rules.

If a school employee has intentional physical contact with a student in response to a student's aggressive misconduct or disruptive behavior, the building principal will make reasonable efforts to inform the student's parent or guardian as soon as possible, but no later than the end of the school day. The building principal will also prepare a written report of the incident within five (5) business days of the incident. The report will include information required under RSA 126-U:7, V.

**Transportation: (RSA 126-U:12)**

The school district will not use mechanical restraints during the transportation of children unless case-specific circumstances dictate that such methods are necessary.

Whenever a student is transported to a location outside the school, the Superintendent or designee will ensure that all reasonable and appropriate measures consistent with public safety are made to transport or escort the student in a manner which:

1. Prevents physical and psychological trauma;
2. Respects the privacy of the child; and
3. Represents the least restrictive means necessary for the safety of the child.

Whenever a student is transported using mechanical restraints, the Superintendent or designee will document in writing the reasons for the use of the mechanical restraints.

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*2-9-2021 Policy Committee*

**NHSBA Note, September 2014:** Numerous changes to this policy are necessitated by legislative changes to RSA 126-U. Changes include:

- Title of policy has changed.
- "Seclusion" added to definitions.
- Section titled "Circumstances in Which Restraint May Be Used" amended and redrafted in its entirety.
- Section titled "Authorization and Monitoring of Extended Restraint" deleted in its entirety.
- New section titled "Circumstances in Which Seclusion May Be Used" added.
- Section titled "Prohibition of Dangerous Restraint Techniques" amended and redrafted in its entirety.
- New paragraph added to end of section titled "Reporting Requirements and Parental Notification."

**Legal References:**

*RSA 126-U, Limiting the Use of Child Restraint Practices*

Revised: September 2014

Revised: May 2012

New Policy: September 2010

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## **CONCUSSIONS AND HEAD INJURIES**

The School Board recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The Board acknowledges the risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed. The Board recognizes that the majority of concussions will occur in “contact” or “collisions” sports. However, in order to ensure the safety of all District student-athletes, this policy will apply to all competitive athletic activities as identified by the administration.

Consistent with the National Federation of High School (NFHS) and the New Hampshire Interscholastic Athletic Association (NHIAA), the District will utilize recommended guidelines, procedures and other pertinent information to inform and educate coaches, youth athletes, and parents/guardians of the nature and risk of concussions or head injuries, including the dangers associated with continuing to play after a concussion or head injury.

Annually, the district will distribute a head injury and concussion information sheet to all parents/guardians of student-athletes in competitive sport activities prior to the student-athlete's initial practice or competition. This includes all middle school and high school sports offered by the Gilford School District. In order to be eligible for participation, all student athletes must complete baseline concussion testing. This will be repeated at least every two years and more frequently as necessary in the event of any injury.

All coaches, will complete training as recommended and/or provided by NHIAA, New Hampshire Department of Education and/or other pertinent organizations. Additionally, all coaches of competitive sport activities will comply with NHIAA recommended procedures for the management of head injuries and concussions.

### Athletic Director or Administrator in Charge of Athletic Duties

Updating: Each spring, the athletic director or designee shall review any changes that have been made in procedures required for concussion and head injury management or other serious injury by consulting with the NHIAA and other pertinent organizations. If there are any updated procedures, they will be adopted and used for the upcoming school year.

Identified Sports: Identified sports include all NHIAA-sanctioned activities and all other district-sponsored sports or activities.

Coach Training: All coaches shall undergo training in head injury and concussion management at least once every two years by viewing the NHIAA concussion clinic found on the MSHA Sports Medicine page at [www.mhsa.org](http://www.mhsa.org). A certificate of completion must be submitted to the athletic director.

Parent Information Sheet: On a yearly basis, a concussion and head injury information sheet shall be distributed to the student-athlete and the athlete's parent/guardian prior to the student-athlete's initial practice or competition. This information sheet will be incorporated into the

Athletic sign-up portal, Family ID

**Coach's Responsibility:** A student-athlete who is suspected of sustaining a concussion or head injury or other serious injury in a practice or game shall be immediately removed from play. If the coach is made aware of the suspected injury the coach must document the suspected injury in a district accident/incident report and submit the document to the nurse, athletic director, and athletic trainer.

**Administrative Responsibilities:** The Superintendent or his/her designee will keep abreast of changes in standards regarding concussion, explore staff professional development programs relative to concussions, and will explore other areas of education, training and programs related to concussion and head injury.

No member of a school athletic team shall return to participate in an athletic event or training on the day or the days after he/she experiences a concussion unless all of the following conditions have been met:

1. The student-athlete no longer exhibits signs, symptoms or behaviors consistent with a concussion, at rest or with exertion;
2. The student receives a written medical release from a licensed healthcare professional (M.D., D.O., A.P.R.N. and/or P.A.);
3. The student-athlete is asymptomatic during, or following periods of supervised exercise that is gradually intensifying (Progressive Physical Activity Program).
4. They are back to school full time with no academic accommodations.

#### Return to Play

After a diagnosis of a concussion, no athlete shall return to play or practice within 72 hours. After 72 hours, students will be reassessed using the ImPACT (grades 7-12) and the Pediatric ImPACT (grades 5-6) test. Upon successful completion of the ImPACT or Pediatric ImPACT test and clearance by a licensed healthcare professional the student-athlete will enter the progressive physical activity program. In most cases, the student-athlete will progress one step each day. The returning student-athlete will be under the supervision of the Athletic Trainer and/or nurse.

#### **Progressive Physical Activity Program:**

Step 1 Light aerobic exercise – 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training or any other exercises;

Step 2 Moderate aerobic exercise – 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment;

Step 3 Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises;

Step 4 Full contact practice or training;

#### Step 5 Full game play

If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed at any time during the progressive physical activity program, the athlete must discontinue all activity immediately. Depending on previous instructions, the student-athlete may need to be re-evaluated by their licensed healthcare professional, the District Athletic Trainer or may have to return to the previous step of the progressive physical activity program.

The Concussion Framework will be used to track all dates, signs and symptoms of a concussion that are reported or observed. The Concussion Framework will become part of the student-athletes medical file.

#### Concussion Awareness and Education

To the extent possible, the Board encourages the administration to implement concussion awareness and education into the district's physical education and/or health education curriculum. The administrative decision will take into account all relevant considerations, including time, resources, access to materials, and other pertinent factors.

#### Financial Hardship

If families have difficulty securing a licensed healthcare professional they should seek out the Principal or Athletic Director for support. The district will work with families to make certain that student-athletes are safe and have every opportunity to participate in the co-curricular activities.

#### Academic Issues in Concussed Students (Return to Learn)

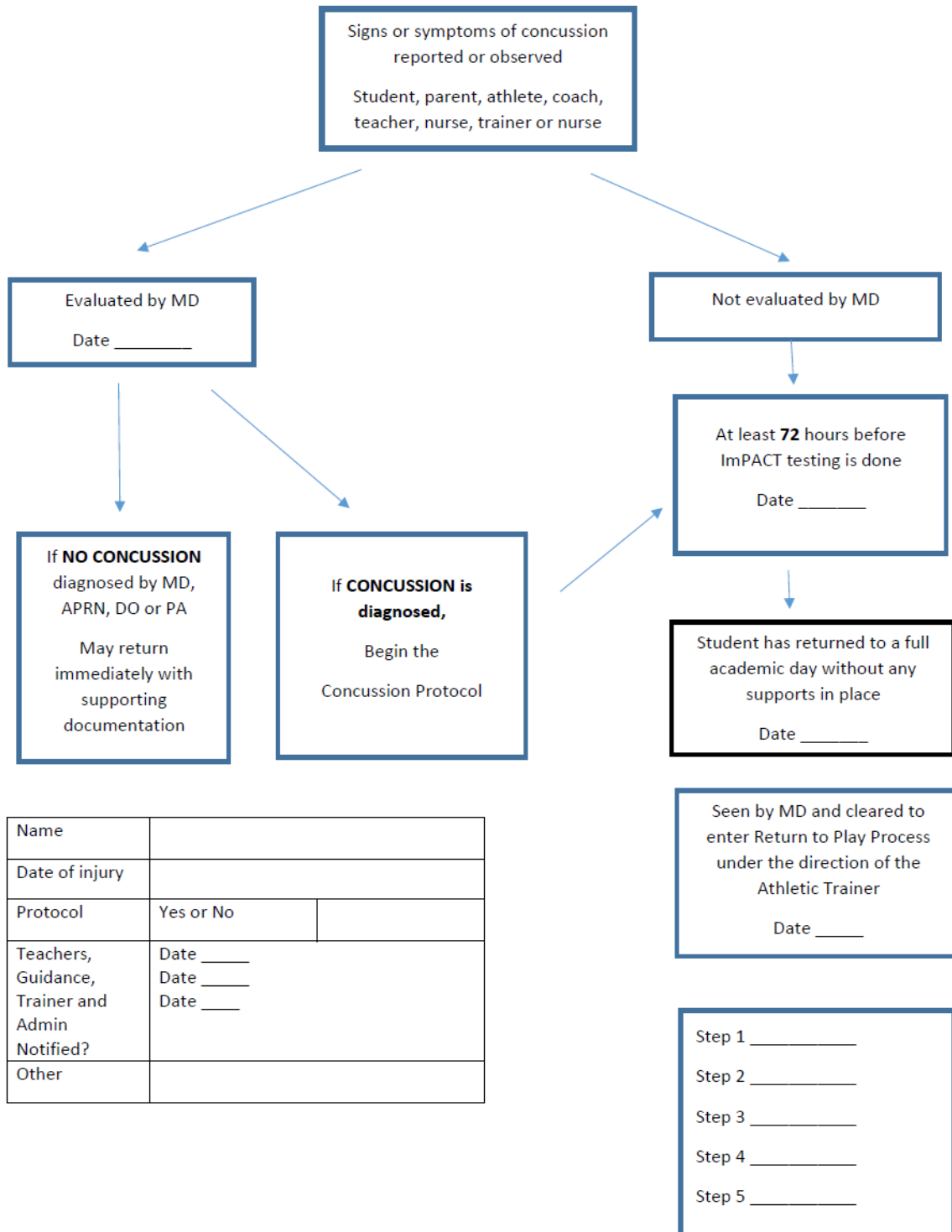
In the event a student is concussed, regardless of whether the concussion was a result of a school-related or non-school-related activity, school district staff should be notified. Following a concussion, many student-athletes will have difficulty in school. In the event a student has a concussion and the school is notified of the concussion, that student's teachers will be notified. Teachers should report to the school nurse if the student appears to have any difficulty with academic tasks that the teacher believes may be related to the concussion. The school nurse will notify the student's parents and treating healthcare professional. Administrators and district staff will work to establish a protocol and course of action to ensure the student is able to maintain his/her academic responsibilities while recovering from the concussion.

Section 504 accommodations may be developed in accordance with applicable law and board policies.

**(Adopted: 12/3/2012)  
(Revised: 1/8/2018)**



### CONCUSSION FRAMEWORK



Name		
Date of injury		
Protocol	Yes or No	
Teachers, Guidance, Trainer and Admin Notified?	Date _____	Date _____
Other	Date _____	

**CONCUSSIONS AND HEAD INJURIES**

**Category: Priority/Required by Law**

**Related Policies: EBBB**

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**ADOPTION/REVISION NOTES –**

*All text between the highlighted lines “~~~~” above and below, and all highlights within the policy should be removed prior to adoption.*

- (a) ***In Summer 2020, the NH Legislature passed what is now RSA 200:63. Paragraph I of the statute requires the N.H. Dept. of Education (“DOE”) to develop a concussion and traumatic brain injury return to learning policy and plan for school districts. Paragraph II requires each local school board to “adopt a concussion and traumatic brain injury return to learning policy school education program.” The DOE’s policy/plan will not be available until sometime after the beginning of 2021, but there is no delay in the mandate for local boards. While ultimately, the local policy will be informed, if not, regulated by the policy to be developed by the DOE, this revised JLCJ is intended to meet the requirements of RSA 200:63, II.***
- (b) *General – As with all sample policies, NHSBA recommends that each district carefully review this sample prior to adoption/revision to assure suitability with the district’s own specific circumstances, internal coding system, current policies, and organizational structures. Highlighted language or blank, underscored spaces indicate areas which Boards must change/complete to reflect local personnel titles, policy references, duty assignments etc.*
- (c) *{\*\*} indicates a reference to another NHSBA sample policy. A district should check its own current policies and codes to assure internal consistency.*
- (d) *Withdrawn and earlier versions of revised policies should be maintained separately as part of the permanent records of the District.*

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The [\_\_\_\_\_] School District] is committed to ensuring the safety of students while at school and when participating in any school-sponsored events. The Board is aware that head injuries, including concussions, can happen to any student, not just an athlete, and that the risk of catastrophic injuries or death is significant when a concussion or other head injury is not properly evaluated and managed.

Section A of this policy applies to all students of the District who experience or are suspected to have experienced a concussion or other traumatic brain injury, whether in school or out, while Section B pertains to student-athletes, and other students participating in school sports or other district athletic activities.

## CONCUSSIONS AND HEAD INJURIES

### **A. Provisions relating to all Students Who have Experienced a Concussion or Traumatic Brain Injury.**

1. Definitions: For purposes of this policy, the terms below will have the ascribed meanings.

"Head injury" means injuries to the scalp, skull, or brain caused by trauma, and shall include a concussion which is the most common type of sports-related brain injury.

"Health care provider" means a person who is licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment (physician, advanced registered nurse practitioner, licensed physician's assistant, or dentist).

"Student-athlete" means a student involved in any intramural sports program conducted outside the regular teaching day or competitive student sports program between schools in grades 4 through 12.

"Sports" means intramural sports programs conducted outside the regular teaching day for students in grades 4 through 12 or competitive athletic programs between schools for students in grades 4 through 12, including, without limitation, all NHIAA sanctioned activities, including cheer/dance squads, or any other district-sponsored sports or activities as determined by the board or administration.

2. Duty to Report. All District employees shall report any accident or incident which involves a student head injury. The report should be filed in the same manner provided under Board policy **{\*\*}**EBBB as for that of any accident requiring first aid. Additionally, Teachers should report to the school nurse (or administrator in charge if the nurse is unavailable) if the student appears to have any difficulty with academic tasks that the teacher believes may be related to concussion. The school nurse will notify the student's parents of guardians and treating health care provider.
3. Return to Learning Protocols. After a student has suffered a concussion, whether in school or not, before full resumption of academic work, the building principal or his/her designee will work with the school nurse, a student's parent/guardian, medical provider, teacher(s) and other appropriate district staff, to establish a graduated learning reentry plan. The plan will support the student's full return to academic activities, and ease the stress of making up past work while engaged in present work. The plan must include:
  - Step-by-step instructions and details for students, parents/guardians and school personnel;
  - Time frames for physical and cognitive rest within first few days post-injury and throughout the recovery as needed;

## CONCUSSIONS AND HEAD INJURIES

- Guidance on graduated return to extracurricular athletic activities and classroom studies, including classroom accommodations or modifications;
- Frequency of assessments by the school nurse, school physician if applicable, neuropsychologist or athletic trainer until full return to the classroom and extracurricular athletic activities are authorized;
- Any provisions relative to “return-to-play” for student-athletes;
- A plan for communication and coordination among school personnel and with the parents/caregivers and the student’s medical provider.

Section 504 or other such accommodations or modifications when appropriate will be developed in accordance with applicable law and Board policies.

4. Concussion Awareness and Education. To the extent possible, the District will implement concussion awareness and education into physical education and/or health education curriculum.

### **B. Provisions relating to Students Participating in Sports and Athletic Programs.**

Consistent with the National Federation of High School (NFHS) and the New Hampshire Interscholastic Athletic Association (NHIAA), the District will utilize recommended guidelines, procedures and other pertinent information to inform and educate coaches, youth athletes, and parents/guardians of the nature and risk of concussions or head injuries, including the dangers associated with continuing to play after a concussion or head injury.

1. Compliance with NHIAA Procedures and Protocols. All coaches, officials or licensed athletic trainers will comply with NHIAA recommended procedures for the management of head injuries and concussions.
2. Immediate Removal from Play and other NHIAA Protocols. Any coach, official, licensed athletic trainer, or health care provider who suspects that a student-athlete has sustained a concussion or head injury in a practice (including tryouts or trainings) or during a competition shall immediately remove the student-athlete from all physical activity.
3. “Return to Play”. A student-athlete who has been removed from play shall not return to play on the same day, nor until (a) a Return to Learning Plan has been established consistent with paragraph **A.3** of this policy, (b) he/she is evaluated by a health care provider and receives medical clearance and written authorization from that health care provider stating the student-athlete is symptom free and may return to play, and (c) the student-athlete’s parent/guardian provides written permission for the student-athlete to return to play.

## **CONCUSSIONS AND HEAD INJURIES**

The District shall limit a student-athlete's participation as determined by the student's treating health care provider, unless, based upon the judgement of the coach or licensed athletic trainer greater limitations are appropriate.

If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed at any time during the return-to-activity program, the coach must immediately remove the student-athlete from play. Depending on previous instructions, the athlete may need to be re-evaluated by the health-care provider, or may have to return to the previous step of the return-to-activity program.

4. Parent Information Sheet. On a yearly basis, the Athletic Director shall assure that a concussion and head injury information sheet is distributed to each student-athlete and the athlete's parent/guardian prior to the student-athlete's initial practice (including try-out) or competition. This information sheet may be incorporated into the parent permission sheet that allows students to participate in extracurricular athletics.
5. Coach Training. All coaches, including volunteer coaches, will complete training in head injury and concussion management as recommended and/or provided by NHIAA, New Hampshire Department of Education and/or other pertinent organizations. The Athletic Director [or title of other administrator in charge of athletics].
6. Annual Review of NHIAA Concussion Protocols by Athletic Director [or Administrator in Charge of Athletic Duties]. No less than annually, the Athletic Director [or title of other administrator in charge of athletics] or his/her designee shall review any changes that have been made in procedures required for concussion and head injury management or other serious injury by consulting with the NHIAA [and the District's on-call physician]. The Athletic Director [or title of other administrator in charge of athletics] shall takes steps to implement the then current procedures and protocols as soon as possible.

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**District Policy History:**

First reading: \_\_\_\_\_  
Second reading/adopted: \_\_\_\_\_

**District revision history:**

**Legal References:**

*RSA 200:49, Head Injury Policies for Student Sports*  
*RSA 200:50, Removal of Student-Athlete*  
*RSA 205:51, School Districts; Limitation of Liability*

***NHSBA sample policy JLCJ. RSA 200:63 requires Districts to adopt a concussion and traumatic brain injury return to learning policy and plan.  
2-9-2021 Policy Committee***

## **CONCUSSIONS AND HEAD INJURIES**

*RSA 200:52, Definitions*

*RSA 200:63, Head Injuries; Return to Learning and Plan*

***Legal References Disclaimer:*** *These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.*

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***When adopting this sample or variation of the same, a district should not include the NHSBA history or NHSBA policy notes appearing below. The district should, to the extent possible, include its own adoption/revision history, as well as the legal references and disclaimer as indicated above.***

**NHSBA history:** Revised – November 2020, September 2014, September 2013, September 2012; New policy – September 2011

**NHSBA revision notes, November 2020,** revisions are to reflect the 2020 enactment of RSA 200:63 (see §16 of 2020 Laws Ch. 38). Paragraph I of the new law requires the N.H. Dept. of Education (“DOE”) to develop a concussion and traumatic brain injury return to learning “policy and plan” for school districts. Paragraph II requires each local school board to “adopt a concussion and traumatic brain injury return to learning policy school education program.” The DOE’s policy/plan will not be available after the beginning of 2021, but there is no delay in the mandate for local boards. While ultimately, the local policy will be informed, if not, regulated by the policy to be developed by the DOE, this revised JLCJ is intended to meet the base requirements of RSA 200:63, II.

w/p-update/2020-U3 Fall/JLCJ Concussions (3) 2020-U3

**DISCLAIMER:** This sample policy is copyrighted to the New Hampshire School Boards Association and is intended for the sole and exclusive use of NHSBA Policy Service Subscribers. This sample is provided for general information only and as a resource to assist subscribing Districts with policy development. School Districts and boards of education should consult with legal counsel and revise all sample policies and regulations to address local facts and circumstances prior to adoption. NHSBA continually makes revisions based on school Districts' needs and local, state and federal laws, regulations and court decisions, and other relevant education activity.

*Current GSD policy. Suggest replacing with NHSBA sample policy due to passage of HB406 (RSA 277:15-b).  
2-9-2021 Policy Committee*

**EBBB  
Page 1 of 1**

## **ACCIDENT REPORTS**

In case of accident, the responsible party must fill out an accident form the day of any accident involving the student, except when the accident falls on a weekend, in which case the form shall be submitted on the next business day.

The procedures for accidents and accident reporting are to be reviewed in September by the principals, with the staffs of each school.

All accidents judged to be other than minor require an accident report to be filled out and filed with the principal. Two accident reports are to be prepared: one copy filed at the school office and one copy to the SAU office which will be forwarded to the district's insurance agent.

If the incident is one involving the use of an Automated External Defibrillator (AED), the school nurse, or his/her designee, shall report all instances of the AED use with the New Hampshire Department of Safety. See incident report forms in Appendix KFD-R or at [www.state.nh.us/safety/ems/aed\\_public\\_registry\\_packet.pdf](http://www.state.nh.us/safety/ems/aed_public_registry_packet.pdf)

**Legal Reference:**

*NH Code of Administrative Rules - Section Ed. 306.12(b)(1), School Health Services*

*Appendix KFD-R, NH Department of Safety Incident Report Form*

**(Adopted: 4/07/08)**

## **ACCIDENT REPORTS**

**EBBB**

***Category: Recommended***

A. General Accident Reporting: An accident report shall be required whenever an accident occurs:

1. in a school;
2. on a school playground; or
3. at any school-sponsored activity

which requires a student or employee to be:

1. out of class or absent from school;
2. necessitates the services of a health care provider (physician, advanced registered nurse practitioner, licensed physician's assistant or dentist);
3. requires first aid; or
4. which might reasonably be anticipated to give cause to an insurance or liability claim or case for liability at a later date.

The school district employee who witnessed or first responded to the accident must fill out an accident form as soon as possible, but in no event more than 24 hours of the accident. The form shall be submitted to the building principal and forwarded to the Superintendent. The building principal, or in the principal's absence the supervisor on duty at the time of the accident, shall assure that an accident form is completed in a timely manner.

B. Insurance Notification: For accidents which might lead to an insurance or liability claim, the Superintendent shall notify the District's liability carrier promptly.

C. Additional Reporting Required for Accidents Involving Death or Serious Injuries.

- a. Within eight (8) hours of any accident involving a death which occurs during the school day, or on school property, the building principal or other supervisor on duty at the time, shall report the death to the Commissioner of the New Hampshire Department of Labor via telephone or email. This initial report shall state as fully as possible the cause of the death and the place where the body of the deceased person was sent.
- b. Within twenty-four (24) hours of any accident involving a serious injury which occurs during the school day, or on school property, the building principal or other supervisor on duty at the time, shall report the serious injury to the Commissioner of the New Hampshire Department of Labor via telephone or email. This initial report



## **ACCIDENT REPORTS**

## **EBBB**

shall state as fully as possible the cause of the death and the place where the injured person was sent for medical evaluation or treatment. For the purposes of this provision, “serious injury” means an incident that results in amputation, lost or fracture of any body part, head injury or internal injury that necessitates hospitalization.

- D. **Training:** All staff shall receive annual training relative to accident and accident reporting protocols.

### **Legal References:**

*RSA 200, Health and Sanitation*

*RSA 277:15-b, Reports of Death or Serious Injury*

*N.H. Code of Administrative Rules, Section Ed 306.12, School Health Services*

*N.H. Code of Administrative Rules, Section Ed 311, School Health Services*

*N.H. Dept. of Education Administrative Rule – Ed*

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**NHSBA history:** Revised – September 2008, October 2005, November 1999 and July 1998.

**NHSBA revision notes, June 2020,** NHSBA revised this policy to reflect requirements imposed by the 2019 passage of HB406 (codified as RSA 277:15-b) on all employers to report workplace accidents involving death or serious injuries. (Note: while 277:15-b relates to “workplace accidents”, the language of the reporting requirement applies to death/serious injury of “any person”.) Additionally, the June 2020 revisions included a general overhaul of the policy language. The June 2020 revision of EBBB was completed with the assistance of the NH School Nurses Association. **September 2008,** NHSBA recategorized EBBB as “R” recommended, rather than “P” required by law.

w/p-update/2020/spring//EBBB - Accident Reports (d1) 2020-1

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