

Bedford Public Schools



Sports-Related & Extracurricular Activities Concussion Management Policy and Procedures

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I. Introduction

Medical management of sports-related concussion is evolving. In recent years, there has been a significant amount of research and expert consensus gathering concerning sports related concussions in student athletes. This policy outlines procedures for staff to follow managing concussions, and outlines Bedford Public Schools' policy as it pertains to return to academic and athletic issues after concussion. This policy is based on current research, best practice, and 105 C.M.R. 201.000 and M.G.L. c. 111, § 222. The policy attempts to provide guidance and structure to ensure safe participation in sports and extracurricular activities.

Bedford High School (BPS) seeks to provide a safe return to academics and activities for all students after injury, particularly after a concussion. In order to effectively and consistently manage these injuries, this policy has been developed to aid in ensuring that concussed students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, and are fully recovered prior to returning to physical activity. Finally, we state that parental commitment in monitoring the status of the students at home is a critical component to the successful implementation of this policy.

Most students who sustain a concussion can fully recover as long as their brain has time to heal before sustaining another hit; however, relying only on a student's self-report of symptoms to determine injury recovery is inadequate as many high school students are not aware of the signs and symptoms or the severity concussive injuries pose, or they may feel pressure from coaches, parents/guardians, and/or teammates to return to play as quickly as possible. One or more of these factors will likely result in under-diagnosing the injury and a premature return to play. Massachusetts General Laws and Department of Public Health regulations make it imperative to accurately assess and treat students when concussions are suspected.

Students who receive concussions may appear to be "fine" on the outside, when in actuality they have a brain injury and are not able to return to activity. Incurring a second concussion can prove to be devastating to a student. Research has shown that young concussed students and athletes who return to activity before their brain has healed are highly vulnerable to more prolonged post-concussion syndrome or, in rare cases, a catastrophic neurological injury known as Second Impact Syndrome

The following protocol will discuss and outline what a concussion is, the mechanism of injury, signs and symptoms, management and return to play requirements, as well as information on Second Impact Syndrome and post concussion syndrome. Lastly, this policy will discuss the importance of education for our student-athletes, coaches, parents/guardians and other persons required by law.

This protocol should be reviewed on a yearly basis with all staff. This protocol will also be reviewed on a yearly basis by the athletic department as well as by nursing staff. Any changes in this document will be approved by the school committee and given to athletic staff, including coaches and other school personnel in writing. An accurate synopsis of this policy shall be placed in the high school and athletic department handbooks.

II. Policy Statement

The purpose of this policy is to provide information and standardized procedures for persons involved in the prevention, training management and return to activity decisions regarding students who incur head injuries while involved in extracurricular activities including, but not limited to, interscholastic sports, club sports, band, and after school clubs or activities, in order to protect their health and safety as required by Massachusetts law and regulations.

- A. BPS shall have policies and procedures governing the prevention and management of sports-related head injuries. The School Committee has adopted this policy and procedure to govern the prevention and management of sports related head injuries within the high school. This policy will be developed and proposed by the Director of Athletics and Nurse Leader. **This policy and procedure specifically addresses sports-related head injuries occurring in sports related/extracurricular activities but may be applied to all head injuries in students.** Review and revision of such policies and procedures shall occur as needed, but at least every two years.
- B. The person overseeing the policy for BPS will be the Superintendent or his/her Designee.
- C. The Director of Athletics, Liaison for Performing Arts, School Nurses, School Counseling Team Leader, a member of the administrative team, Coordinator of Nursing Services and Certified Athletic Trainer (ATC), shall participate in biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within WHS.
- D. The Superintendent, Director of Athletics, Coordinator of Nursing Services and ATC will provide the Department of Public Health an affirmation on the school district letterhead that it has developed these policies in accordance with 105 C.M.R. 201.00 by: by September 30, 2013 and every two years thereafter upon review or revision of its policies. Additionally, the parties will maintain or cause to be maintained complete and accurate records of the district's compliance with the requirements of the Concussion Law, and shall maintain the following records for three years or, at a minimum, until the student graduates, unless state or federal law requires a longer retention period:
 - 1. Verifications of completion of annual training and receipt of materials;
 - 2. DPH Pre-participation forms and receipt of materials;
 - 3. DPH Report of Head Injury Forms, or school based equivalents;
 - 4. DPH Medical Clearance and Authorization Forms, or school based equivalents;
 - 5. Graduated reentry plans for return to full academic and extracurricular athletic activities

This policy also applies to volunteers who assist with extracurricular and/or athletic activities. Such volunteers shall not be liable for civil damages arising out of any act or omission relating to the requirements of law, unless such volunteer is willfully or intentionally negligent in his act or omission.

III. Concussion Overview

- A. What is a Concussion?

A concussion is defined as a transient alteration in brain function without structural damage, but with other potentially serious long-term ramifications. In the event of a concussion, the brain sustains damage at a microscopic level in which cells and cell membranes are torn and stretched. The damage to these cells also disrupts the brain at a chemical level, as well as causing

restricted blood flow to the damaged areas of the brain, thereby disrupting brain function. A concussion, therefore, is a disruption in how the brain works; it is not a structural injury. Concussions are difficult to diagnose because the damage cannot be seen. A MRI or CT scan cannot diagnose a concussion, but they can help rule out a more serious brain injury to a student athlete. Because concussions are difficult to detect, student athletes must obtain medical approval before returning to athletics following a concussion.

B. Mechanism of Injury

A concussion is caused by a bump, blow or jolt to the head or body. Any force that causes the brain to bounce around or twist within the skull can cause a concussion. A bump, blow or jolt to the head or body can be caused by either indirect or direct trauma. The two direct mechanisms of injury are coup-type and contrecoup-type. Coup-type injury is when the head is stationary and struck by a moving object such as another player's helmet, a ball, or sports implement, causing brain injury at the location of impact. Contrecoup-type injury occurs when the head is moving and makes contact with an immovable or slowly moving object as a result of deceleration, causing brain injury away from the site of impact. Indirect forces are transmitted through the spine and jaw or blows to the thorax that whip the head while the neck muscles are relaxed. Understanding the way in which an injury occurred is vital in understanding and having a watchful eye for athletes who may exhibit symptoms of a concussion so these student athletes can receive the appropriate care.

C. Signs and Symptoms

1. Signs (observed by others):

- Confusion
- Forget plays
- Unsure about game, score, opponent
- Altered coordination
- Balance problems
- Personality change
- Slow response to questions
- Forgets events after injury (anterograde amnesia)
- Loss of consciousness (any duration)

2. Symptoms (reported by student):

- Headache
- Fatigue
- Nausea or vomiting
- Double vision/blurry vision
- Sensitivity to light (photophobia)
- Sensitivity to noise (tinnitus)
- Feels sluggish
- Feels foggy
- Problems concentrating
- Problems remembering

- Trouble with sleeping/excess sleep
- Dizziness
- Sadness
- Seeing stars
- Vacant stare/ glassy eyed
- Nervousness
- Irritability
- Inappropriate emotions

If any of the above signs or symptoms are observed after a suspected blow to the head, jaw, spine or body, they may be indicative of a concussion and the student must be removed from activity immediately and not allowed to return until cleared by an appropriate allied health professional.

IV. Definitions

A. Extracurricular Activities

An extracurricular activity is any organized, school-sponsored activity, generally occurring outside of school instructional hours, under the direction of a coach, athletic director, or band leader, including but not limited to alpine and Nordic skiing and snowboarding, baseball, basketball, cheerleading, cross county track, fencing, field hockey, football, golf, gymnastics, horseback riding, ice hockey, lacrosse, marching band, rifle, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, and wrestling. All interscholastic athletics and club sports administered by Bedford Public Schools are deemed to be extracurricular activities.

B. Exertional Post Concussion Tests:

1. Test 1: (30% to 40% maximum exertion): Low levels of light physical activity. This will include walking, a light stationary bike for about 10 minutes. Light isometric strengthening (quad sets, UE light hand weights, ham sets, SLR's, resistive band ankle strengthening) and stretching exercises.
2. Test 2: (40% to 60% maximum exertion): Moderate levels of physical activity. Treadmill jogging, stationary bike, or elliptical for 20 to 25 minutes. Light weight strength exercises (resistive band exercises UE and LE, wall squats, lunges, step up/downs). More active and dynamic stretching.
3. Test 3: (60% to 80% maximum exertion): Non-contact sports specific drills. Running, high intensity stationary bike or elliptical 25 to 30 minutes. Completing regular weight training. Start agility drills (ladder, side shuffle, zig-zags, carioca, box jumps, and hurdles).
4. Test 4: (80% maximum exertion): Limited, controlled sports specific practice and drills.
5. Test 5: Full contract and return to sport with monitoring of symptoms.

C. Post-Concussion Syndrome

Post-Concussion Syndrome is a poorly understood condition that occurs after a student athlete receives a concussion. Student athletes who receive concussions can have symptoms that last a few days to a few months, and even up to a full year, until their neurocognitive function returns to normal. Therefore, all school personnel must pay attention to and closely observe all student athletes for post-concussion syndrome and its symptoms. Student athletes who are still suffering from concussion syndrome are:

- Dizziness
- Headache with exertion
- Tinnitus (ringing in the ears)
- Fatigue Irritability
- Frustration
- Difficulty in coping with daily stress
- Impaired memory or concentration
- Eating and sleeping disorders
- Behavioral changes
- Alcohol intolerance
- Decreases in academic performance
- Depression
- Visual disturbances

D. Second Impact Syndrome

Second Impact Syndrome is a serious medical emergency and a result of a student athlete returning to play and competition too soon following a concussion. Second Impact Syndrome occurs because of rapid brain swelling and herniation of the brain after a second head injury that occurs before the symptoms of a previous head injury have been resolved. The second impact that a student athlete may receive may only be a minor blow to the head or it may not even involve a hit to the head. A blow to the chest or back may create enough force to snap the student athlete's head and send acceleration/deceleration forces to an already compromised brain. The resulting symptoms occur because of a disruption of the brain's blood auto regulatory system which leads to swelling of the brain, increasing intracranial pressure and herniation.

After a second impact a student athlete usually does not become unconscious, but appears to be dazed. The student athlete may remain standing and be able to leave the field under his/her own power. Within fifteen seconds to several minutes, the student athlete's condition worsens rapidly, with dilated pupils, loss of eye movement, loss of consciousness leading to coma and respiratory failure. The best way to handle Second Impact Syndrome is to prevent it from occurring altogether. All student athletes who incur a concussion must not return to play until they are asymptomatic and cleared by an appropriate health care professional.

V. Education and Training

It is extremely important to educate coaches, student athletes and the community about concussions.

- A. The following persons must complete the online course called "Concussion in Sports: What You Need to Know" or an equivalent program that complies with DPH annually. This course is

offered by the National Federation of High School Associations (NFHS). The required training applies to the above individuals for one school year and must be repeated for every subsequent school year.

1. All Coaches
 2. Certified Athletic Trainers
 3. Volunteers
 4. School Nurses and School physician
 5. Director of Athletics
 6. Director of Bands, Director of Choirs, Color Guard Director, and Percussion Director
 7. At least one parent/guardian of a student who participates in an extracurricular activity
 8. Students
- B. Annually, on or after July 1st of each school year, the people identified above (other than Student-Athletes and Parents/Guardians) must supply a certificate of completion to the high school Principal or designee.
- C. Concussion Education for Student-Athletes and Parents/Guardians:
1. Each year, student athletes shall be presented with a discussion about concussion at either an athletes' sports night, team discussion or through paperwork requirements. The Center for Disease Control's (CDC) "Heads Up: Concussion in High School Sports – A Fact Sheet for Athletes" handout will also be available in the athletic training room (ATR) at school. (<https://www.cdc.gov/headsup/youthsports/training/>)
 2. Prior to their participation in each sports season parents/guardians shall affirm that they and their student has taken the NFHS online concussion course.
 3. All student-athletes and their parents/guardians will sign a statement in which the student-athlete accepts the responsibility for reporting head injuries or concussions during the season to the ATC, coach if the ATC is not present, parents/guardians or other health care personnel including signs and symptoms of concussion.
 4. Pre-Participation Form:
 - Parents/guardians of students must fill out the re-participation/parental permission form that lists the student's history of head injuries/concussions prior to participation each sports season.
 - This form will be reviewed by the ATC for any positive head injury/concussion and determined if they have been cleared.
 - All forms or copies are stored by the athletic department or turned over to the high school nurses for insertion into the medical records, per regulations; these will be kept for three years.

VI. Student Pre-Participation Requirements

- I. Student athletes, with the consent of their parent/guardian, will take the ImPact Test (**or other approved test identified by the School District**). The ImPact Test is a tool that helps manage concussions, determine recovery from injury, and is helpful in providing proper communication between coaches, parents/guardians and clinicians. The ImPact Test is a neurocognitive test that helps measure student athletes' symptoms, as well as test verbal and visual memory, processing speed and reaction time. It is **mandatory** for all student athletes to take the ImPact Test for a baseline score in accordance with Massachusetts State Law. The law states that all public schools must develop safety protocols on concussions and all public schools

must receive information on past concussion history. The ImPact Test appears to be a promising tool in monitoring student athlete's prior to concussions, as well as any future concussions.

- II. Each student athlete will complete a baseline test at the beginning of their sport season. **All student athletes will undergo ImPact testing.** Student athletes will be re-tested every other year. If a student athlete plays more than one sport during the academic year, their test will remain valid. For example, if a soccer student athlete also plays basketball in the winter, the student athlete will not have to take the ImPact Baseline Test again in the winter. If a student athlete posts scores below the norm, the student athlete will be re-tested at another time with the certified athletic trainer. Student athletes cannot begin practice until a valid baseline score is obtained during their designated time to take the test.
- III. At the beginning of every sports season, student athletes are also required to complete a Medical History and Emergency Permission Form which includes concussion history and return it to the athletic department. This information will be recorded in the student information systems for tracking purposes.

VII. Protocols & Guidelines for Suspected Head Injury/Concussion

- A. When a student athlete loses consciousness for any reason, the athletic trainer will start the EAP (Emergency Action Plan) by activating EMS; check ABC's (airway, breathing, circulation); stabilize the cervical spine; and transport the injured athlete to the appropriate hospital via ambulance. If the athletic trainer is not available, the coach should activate EMS, check ABCs and not move the student athlete until help arrives.
- B. Any student athlete who is removed from the competition or event and begins to develop signs and symptoms of a worsening brain injury will be transported to the hospital immediately in accordance with the EAP. Worsening signs and symptoms requiring immediate physician referral include:
 - Amnesia lasting longer than 15 minutes
 - Deterioration in neurological function
 - Decreasing level of consciousness
 - Decrease or irregularity of respiration
 - Decrease or irregularity in pulse
 - Increase in blood pressure
 - Unequal, dilated, or unreactive pupils
 - Cranial nerve deficits
 - Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - Mental-status changes: lethargy, difficulty maintaining arousal, confusion, agitation
 - Seizure activity
 - Vomiting/worsening headache
 - Motor deficits subsequent to initial on-field assessment
 - Sensory deficits subsequent to initial on-field assessment
 - Balance deficits subsequent to initial on-field assessment
 - Cranial nerve deficits subsequent to initial on-field assessment
 - Post-Concussion symptoms worsen

- Student athlete is still symptomatic at the end of the game
- C. After a student athlete sustains a concussion, the athletic trainer will use the Standardized Assessment for Concussions (SAC) to assess and document the student athlete's concussion. The athletic trainer will also report on the student athlete's signs and symptoms by using the Signs and Symptoms Check-List. On the signs and symptoms checklist, the athletic trainer will also check the pulse and blood pressure of student athletes that have a suspected concussion. After the initial evaluation of a concussion, all signs and symptoms will be tracked electronically using the ImPact Test.
 - D. Any student athlete who is symptomatic but stable is allowed to go home with a parent/guardian following the head injury.
 1. If the head injury occurs at practice, the parent/guardian will immediately be notified and must come pick up the student athlete and talk to the certified athletic trainer in person.
 2. If the injury occurs at the game or event, the student athlete may go home with a parent/guardian after talking with the certified athletic trainer.
 3. The parent/guardian will receive important information regarding signs and symptoms of deteriorating brain injury/function prompting immediate referral to a local emergency room as well as return to play requirements. Parent(s)/guardian(s), as well as student athletes, must read and sign the Concussion Information and Gradual Return to Play form and bring it back to the certified athletic trainer before starting with the return to play protocol.

VIII. Return to Play Protocol

- A. Following any concussions the athletic trainer must notify the Director of Athletics and School Nurses.
- B. Following a concussion the student athlete will take a post-injury test within 24 to 48 hours following the head injury. **Student athletes will not be allowed to move on to functional/physical testing until their impact test is back to the baseline score and asymptomatic.** After a student athlete takes their first post-injury test, the student athlete will not be re-tested again for **5 days**.
- C. If, after the first post-injury ImPact test, the student athlete is not back to baseline the parents/guardians will be notified, and the student athlete will be referred to their healthcare provider and must have the Concussion Information and Gradual Return to Play form signed by a physician, physician assistant, licensed neuropsychologist or nurse practitioner stating when the student athlete is allowed to return to play.
- D. Following a post-injury test, the ATC will take the Concussion Information and Gradual Return to Play form signed by the parent(s)/guardian(s) and fill in the date of all post-injury tests taken by each student athlete.
- E. The ATC will also document the date on which the student athlete is asymptomatic and sign the document agreeing that all the above statements are true and accurate.
- F. Once the student athlete starts on the exertional post-concussion tests, the parents/guardians will be notified and the student athlete will be sent home with all signed documents relating to head injury. At this time the parents/guardians must bring the student athlete to a licensed physician, licensed neuropsychologist, licensed physician assistant, nurse practitioner or other

appropriately trained or licensed healthcare professional to be medically cleared for participation in the extracurricular activity.

G. **Student athletes who continue to exhibit concussion symptoms for a week or more must be evaluated by a physician before returning to play.**

H. Once a student athlete's post-injury test is back at the student athlete's baseline score, the student athlete will go through 5 days of Exertional Post Concussion Tests. The student athlete must be asymptomatic for all functional and physical tests to return to play (RTP). All tests will be administered by an ATC.

IV. Academic Re-Entry Plan

If a student is diagnosed with a concussion, upon return to school, the student shall have a written graduated re-entry plan in order to gradually adjust back to a full academic, as well as extracurricular, workload.

The re-entry plan shall be developed by the administration, school counselor, teachers, school nurse, athletic trainer, parent/guardian, and in consultation with the student's physician upon return to school.

- If the student has a building-based student support team, a 504 Team, or a special education IEP team, members of those groups should also be consulted.

The written re-entry plan shall include instructions for students, parents/guardians and school personnel, addressing but not be limited to:

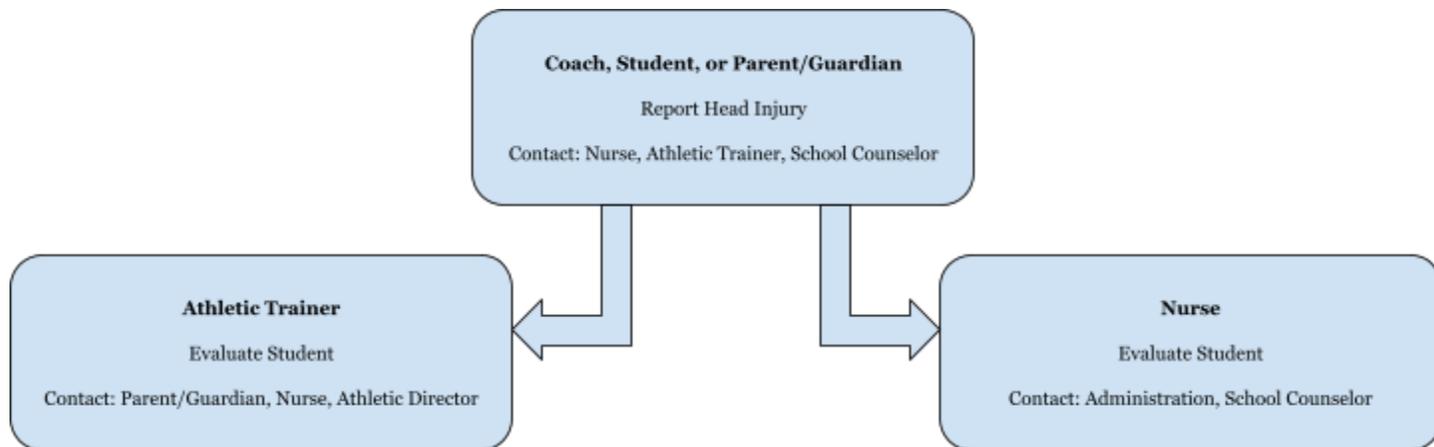
- Physical and cognitive rest as appropriate.
- Accommodations and modifications needed, if any, for gradual return to classroom studies.
- Expected timeline for recovery and resumption of activities.
- Schedule for assessments and check-ins by the school nurse and Athletic Trainer (e.g., when the student will be able to see the Athletic Trainer to undergo the Graduated Exertional Return to Play assessments).
- A plan for communication and coordination between and among school personnel and between the school, the parent, and the student's physician.

V. Communication Flow Chart: Head Injury

Following a concussion/head injury in school or during a school-sponsored extracurricular or athletic activity, all of the following individuals/departments must be notified: the parent/guardian, the doctor, the certified athletic trainer, the nurses, the athletic director, the administration, the school counseling department, and the teachers of the student affected.

- A. Once a parent/guardian, doctor or student reports a head injury to the school nurse and/or the athletic trainer, this Concussion Protocol must be followed.
- B. The school nurse will be in contact with the athletic trainer and the school counseling department in order to share any pertinent information regarding the head injury.
- C. The athletic trainer will be in contact with the student, the parent/guardian, the nurse and the Athletic Director with regard to symptoms, progression tests and return to play.
- D. The coach will be in contact with the athletic trainer and should be monitoring the student athlete during practices/games.

- E. The nurse will contact the teachers concerning the injury, any accommodations that might be necessary, and the date of clearance.
- F. The Athletic Director will follow up with the athletic trainer, nurse and coach as needed.
- G. Members of Bedford Public Schools faculty and staff are expected to comply with this concussion protocol and to fulfill the responsibilities as described in this section.



IX. Responsibilities and Duties

A. School Nurse Responsibilities

1. Participate and complete the CDC training course or an equivalent program that complies with the DPH on concussions. A certificate of completion will be recorded by the Coordinator of Nursing Services yearly.
2. Complete symptom assessment when a student athlete enters Health Office (HO) with questionable concussion during school hours. Repeat in 15 minutes.
3. Observe student athletes with a concussion for a minimum of 30 minutes.
4. If symptoms are present, notify and instruct parents/guardians that the student athlete must be evaluated by a physician.
 - a. If symptoms are not present, the student athlete may return to class.
5. If symptoms appear after a negative assessment, physician referral is necessary.
6. Allow student athletes who are in recovery to rest in HO when needed.
7. Develop a plan for student athletes regarding pain management.
8. School Nurses will notify teachers and school counselors of any student athletes who have academic restrictions or modifications related to their concussion.
9. Educate parents/guardians and teachers about the effects of concussion and returning to school and activity.
10. If injury occurs during the school day, inform an administrator and complete accident/incident form.
11. Enter physical exam dates and concussion dates into the student's electronic health record.

B. Certified Athletic Trainer Responsibilities

1. Participating in the development and biannual review of the policies and procedures for the prevention and management of sports-related injuries within the school district or school.

2. Completing the annual training requirement.
3. Reviewing information from Pre-Participation Forms, which are logged and maintained electronically that indicate a history of head injury and from Report of Head Injury Forms, to identify students who are at risk for repeated head injuries.
4. Identifying athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play.
5. Participating in the graduated return to play planning and implementation for students who have been diagnosed with a concussion.
6. Providing ongoing educational materials on head injury and concussion to teachers, staff, and students.
7. Collaborating with Nurse Leader (or Designee) in order to review, or arrange for the school physician to review Report of Head Injury Forms and follow up with the coach and parent as needed.
8. Maintaining the Pre-participation Forms including the number of lifetime concussions per athlete.

C. School Responsibilities

1. Review and, if necessary, revise the concussion policy every 2 years.
2. Once the school is informed of the student athlete's concussion, a contact or "point-person" should be identified (e.g. school counselor, director of athletics, school nurse, school psychologist or teacher).
3. Point person to work with the student athlete on organizing work assignments, making up work and giving extra time for assignments and tests/quizzes.
4. Assist teachers in following the recovery stage for the student athlete.
5. Convene meeting and develop a rehabilitative plan.
6. Decrease workload if symptoms appear.
7. Recognize that the student athlete's ability to perform complex math questions may be different from the ability to write a composition depending on the location of the concussion in the brain.
8. Educate staff on the signs and symptoms of concussions and the educational impact concussions may have on students.
9. Include concussion information in student handbooks.
10. Develop a plan to communicate and provide language-appropriate educational materials to parents with limited English proficiency.

D. Athletic Director Responsibilities

1. Provide parents, student athletes, coaches, and volunteers with educational training and concussion materials yearly.
2. Ensure that all educational training programs are completed and recorded.
3. Ensure that all student athletes meet the physical exam requirements consistent with 105 CMR 200.000 prior to participation in any extracurricular athletic activity.
4. Ensure that all student athletes participating in extracurricular athletic activity have completed and submitted their pre-participation forms, which include health history form, concussion history form, and MIAA form.
5. Ensure that student athletes are prohibited from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of a student athlete, including using a helmet or any other sports equipment as a weapon.

6. Ensure that all head injury forms are completed by parent(s)/guardian(s) or coaches and reviewed by the coach, athletic trainer and school nurse.
7. Inform parents/guardians that, if all necessary forms are not complete, their child will not participate in athletic extracurricular activities.

E. Parent/Guardian Responsibilities

1. Complete and return concussion history form to the athletic department.
2. Inform school if a student athlete sustains a concussion outside of school hours. Complete new concussion history form following new injury.
3. If a student athlete suffers a concussion outside of school, complete the head injury form and return it to the School Nurse.
4. Complete a training provided by the school on concussions and return a certificate of completion to the athletic department.
5. Watch for changes in your child that may indicate that your child does have a concussion or that your child's concussion may be worsening. Report to a physician:
 - Loss of consciousness
 - Headache
 - Dizziness
 - Lethargy
 - Difficulty Concentrating
 - Balance problems
 - Answering questions slowly
 - Difficulty recalling events
 - Repeating questions
 - Irritability
 - Sadness
 - Emotionality
 - Nervousness
 - Difficulty with sleeping
6. Encourage your child to follow concussion protocol.
7. Enforce restrictions on rest, electronics and screen time.
8. Reinforce recovery plan.
9. Request a contact person from the school with whom you may communicate about your child's progress and academic needs.
10. Observe and monitor your child for any physical or emotional changes.
11. Request to extend make up time for work if necessary.
12. Recognize that your child will be excluded from participation in any extracurricular athletic event if all forms are not completed and on file with the athletic department.

F. Student Responsibilities

1. Complete Baseline ImPact Test prior to participation in athletics.
2. Return required concussion history form prior to participation in athletics.
3. Participate in all concussion training and education and return certificate of completion to the athletic department prior to participation in athletics.
4. Report all symptoms to the athletic trainer and/or School Nurse.
5. Follow a recovery plan.

6. **REST.**
7. **NO ATHLETICS.**
8. **BE HONEST!**
9. Keep strict limits on screen time and electronics.
10. Don't carry books or backpacks that are too heavy.
11. Tell your teachers if you are having difficulty with your classwork.
12. See the athletic trainer and/or School Nurse for pain management.
13. Return to sports only when cleared by physician and the certified athletic trainer.
14. Follow Gradual Return to Play Guidelines.
15. Report any symptoms to the athletic trainer and/or school nurse and parents/guardians if any occur after return to play.
16. Return medical clearance to the certified athletic trainer prior to return to play.
17. Students athletes who do not complete and return all required training, testing and forms will not be allowed to participate in sports.

G. Coach & Band Instructor Responsibilities

1. Participate in the Concussion Education Course offered by the National Federation of State High School Associations (NFHS) or an equivalent program that complies with the DPH on a yearly basis. Complete certificate of completion and return to the athletic department.
2. Ensure all student athletes/band participants have completed ImPact baseline testing before participation.
3. Complete a head injury form if their player suffers a head injury and the athletic trainer is not present at the athletic event. This form must be shared with the athletic trainer and school nurse.
4. Ensure all student athletes/band participants have completed a concussion educational training and returned their certificate of completion prior to participation in athletics.
5. Remove from play any student athletes/band participants who exhibit signs and symptoms of a concussion.
6. Do not allow student athletes to return to play until cleared by a physician and athletic trainer.
7. Follow Gradual Return to Play Guidelines.
8. Refer any student athletes/band participants with returned signs and symptoms back to the athletic trainer.
9. Any coach, band instructor, or volunteer coach for extracurricular activities shall not encourage or permit a student participating in the activity to engage in any unreasonably dangerous athletic technique that unnecessarily endangers the health of a student athlete, including using a musical instrument, helmet or any other sports equipment as a weapon.

X. Resources

- A. [Facts About Concussion and Brain Injury: Where to Get Help](#)
- B. [Heads Up: Concussion in High School Sports](#)
- C. [MIAA Concussion Corner](#)



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MONICA BHAREL, MD, MPH
 Commissioner

**REPORT OF HEAD INJURY DURING
 SPORTS SEASON**

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a *possible* concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Did the incident take place during an extracurricular activity? ____ Yes ____ No

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? yes ____ no ____

If yes, was a concussion diagnosed? yes ____ no ____

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health

**Post Sports-Related Head Injury
 Medical Clearance and Authorization Form**

For students: This form should be completed by your medical care provider and returned to your Athletic Director, Athletic Trainer, or School Nurse.

Student's Name:	Date of Birth:	Grade:

Date of Injury: _____ Other Relevant Diagnosis: _____

Asymptomatic: Yes No

Prior concussions (number, approximate dates): _____

I attest that I have received clinical training in post-traumatic head injury assessment and management that is approved by the Department of Public Health¹ or have received equivalent training as part of my licensure or continuing education.

Type of Training completed²:

- CDC online clinician training Other MDPH approved Clinical Training
 Other (Describe): _____

Select one of the following:

- I certify that the above named student is cleared to begin a gradual return to play protocol.³
- I certify that the above named student has completed the necessary stages of a gradual return to play protocol³ and is cleared for full activity without restriction.

Practitioner's Name: _____

Phone Number: _____ License Number: _____

Associated Hospital/Organization: _____

Type of Practitioner:⁴

- Physician Licensed Athletic Trainer Physician Assistant Nurse Practitioner
 Neuropsychologist

Practitioner's Signature: _____ Date: _____

Name of the physician providing consultation/coordination/supervision (if not the same as signatory):
