

Blue Hills Regional Technical High School

Academic and Extra-Curricular Concussion Policy FILE: JJIF

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CONCUSSION POLICY

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 athletic activities' including, but not limited to, interscholastic sports, in order to protect their health and safety as required by Massachusetts law and regulations. The requirements of the law apply to all public middle and high schools, however configured, serving grades six through high school graduation. In addition, to any training required by law, the following persons shall complete one of the head injury safety training programs approved by the Massachusetts Department of Public Health (DPH) as found on its website: coaches; certified athletic trainers; trainers; volunteers; school and team physicians; school nurses; athletic directors; directors responsible for a school marching band; employees or volunteers; and students who participate in an extracurricular athletic activities and their parents.

Upon the adoption of this policy by the School Committee, the Superintendent shall ensure that DPH receives an affirmation on school district letterhead that the district has developed policies and the School Committee has adopted a final policy in accordance with law. This affirmation shall be updated by September 30, 2013 and every two years thereafter upon review or revision of its policies.

The Superintendent shall 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; **(WORKSHEET 1)**
2. DPH Pre-participation forms and receipt of materials; **(WORKSHEET 2)**
3. School Head Injury Report; **(WORKSHEET 3)**
4. Graduated re-entry plans for return to full academic and extracurricular athletic activities. **(WORKSHEET 4)**

5. DPH/School Medical Clearance and Authorization Forms
(WORKSHEET 5)

This policy also applies to volunteers who assist with extracurricular 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.

Most student athletes who sustain a concussion can fully recover as long as their brain has time to heal before sustaining another hit; however, relying only on an athlete's self-report of symptoms to determine injury recovery is inadequate, as many high school athletes are not aware of the signs and symptoms or the severity concussive injuries pose, or they may feel pressure from coaches, parents, 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 student athletes when concussions are suspected.

Student athletes 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 play. Incurring a second concussion can prove to be devastating to a student athlete. Research has shown that young concussed athletes who return to play 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 past concussion syndrome. Lastly, this policy will discuss the importance of education for our athletes, coaches and parents and other persons required by law.

This protocol should be reviewed on a yearly basis with all staff to discuss the procedures to be followed to manage sports-related concussions. 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 student and faculty

handbooks.

LEGAL REFS: M.G.L. 111:222; 105 CMR 201.000

ATHLETIC CONCUSSION REGULATIONS

Section I. 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.

Section II, 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 sport 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 sight 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.

Section III. Signs and Symptoms:

Signs (what you see):

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

Symptoms (reported by athlete):

- . 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 athlete must be removed from play immediately and not allowed to return until cleared by an appropriate allied health professional.

Section IV, Management and Referral Guidelines:

1. When an 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 immediately call EMS, check ABCs and not move the athlete until help arrives.

2. Any 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:**

- A. Amnesia lasting longer than 15 minutes
- B. Deterioration in neurological function
- C. Decreasing level of consciousness
- D. Decrease or irregularity of respiration

- E. Decrease or irregularity in pulse
- F. Increase in blood pressure
- G. Unequal, dilated, or unreactive pupils
- H. Cranial nerve deficits
- I. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
- J. Mental-status changes: lethargy, difficulty maintaining arousal, confusion, agitation
- K. Seizure activity
- L. Vomiting/ worsening headache
- M. Motor deficits subsequent to initial on-field assessment
- N. Sensory deficits subsequent to initial on-field assessment
- O. Balance deficits subsequent to initial on-field assessment
- P. Cranial nerve deficits subsequent to initial on-field assessment
- Q. Post-Concussion symptoms worsen
- R. Athlete is still symptomatic at the end of the game

3. After a student athlete sustains a concussion, the athletic trainers will use the Standardized Assessment for Concussion (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 pulse and blood pressure of each student athlete with a suspected concussion. After the initial evaluation of a concussion, all signs and symptoms will be tracked on the computer using the Impact Test.

4. Any athlete who is symptomatic but stable is allowed to go home with his/her parent(s)/guardian(s) following the head injury.

A. If the head injury occurs at practice, parent(s)/guardian(s) will immediately be notified and must come and pick up the student athlete and talk to the certified athletic trainer in person.

B. If the injury occurs at a game or event the student athlete may go home with the parent/guardian(s) after talking with the certified athletic trainer.

C. Parent(s)/guardian(s) 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.

V. Gradual Return to Play Protocol:

I. Student athletes, with the consent of their parent(s)/guardian(s), will start taking 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 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 a student athlete's prior concussions, as well as any future concussions.

2. Each student athlete will complete a baseline test at the beginning of their sport season. Each student athlete and club cheerleading member 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 either

the certified athletic trainer or school nurse. Student athletes cannot begin practice until a valid baseline score is obtained during their designated time to take the test.

A. At the beginning of every sport season, student athletes are required to complete a concussion history form and return it to the athletic department. This information will be recorded in the student information system for tracking purposes.

B. Following any concussion the athletic trainer must notify the athletic director and school nurses.

C. 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,

D. If, after the first post-injury ImPact test, the athlete is not back to his/her baseline the parent/guardian(s) 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 athlete is allowed to return to play.

E. Following a post-injury test, the certified athletic trainer 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.

F. The certified athletic trainer will also document the date on which the athlete is asymptomatic and sign the document agreeing that all the above statements are true and accurate.

G. Once the athlete starts on the exertional post-concussion tests, the parent(s)/guardian(s) will be notified and the athlete will be sent home with all signed documents relating to head injury. At this time the parent/guardian(s) 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.

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

I. 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 a certified athletic trainer.

Exertional Post Concussion Tests:

A. Test 1: Low levels of light physical activity. This will include walking, light stationary bike for about 10 to 15 minutes. Light isometric strengthening (quad sets, UE light hand weights, ham sets, SLR's, resistive band ankle strengthening) and stretching exercises.

B. Test 2: 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.

C. Test 3: 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).

D. Test 4: Limited, controlled sports specific practice and drills.

E. Test 5: Full contact and return to sport with monitoring of symptoms.

Section VI. School Nurse Responsibilities:

1. Assist in testing all student athletes with baseline and post-injury ImPact testing.

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

Section VII. School Responsibilities:

1. Review and, if necessary, revise, the concussion policy every 2 years.

2. Once the school is informed of the student's concussion, a contact or "point person" should be identified (e.g. the guidance counselor, athletic director, school nurse, school psychologist or teacher).
3. Point person to work with the student 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 student.
5. Convene meeting and develop rehabilitative plan.
6. Decrease workload if symptoms appear.
7. Recognize that the student's ability to perform complex math equations 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.

Section VIII, Athletic Director Responsibilities:

1. Provide parents, 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 students meet the physical exam requirements consistent with 105 CMR 200.000 prior to participation in any extracurricular athletic activity
4. Ensure that all students 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 athletes are prohibited from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon.

6. Ensure that all head injury forms are completed by parent/guardian(s) or coaches and reviewed by the coach, athletic trainer, school nurse and school physician.

7. Inform parent/guardian(s) that, if all necessary forms are not completed, their child will not participate in athletic extracurricular activities.

Section IX, Parent/Guardian Responsibilities:

1. Complete and return concussion history form to the athletic department.

2. Inform school if student sustains a concussion outside of school hours. Complete new concussion history form following new injury.

3. If student suffers a concussion outside of school, complete head injury form and return it to the school nurse.

4. Complete a training program recognized by the school on concussions and return 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:

A. Loss of consciousness

B. Headache

C. Dizziness

D. Lethargy

E. Difficultly concentrating

F. Balance problems

- G. Answering questions slowly
- H. Difficulty recalling events
- I. Repeating questions
- J. Irritability
- K. Sadness
- L. Emotionality
- M. Nervousness
- N. 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.

Section X. Student and Student Athlete 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 athletic trainer and or school nurse.

5. Follow recovery plan.

6. REST.

7. NO ATHLETICS IF INJURED

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 athletic trainer.

14. Follow Gradual Return to Play Guidelines.

15. Report any symptoms to the athletic trainer and/or school nurse and parent(s)/guardian(s) if any occur after return to play.

16. Return medical clearance form to athletic trainer prior to return to play.

17. Students who do not complete and return all required trainings, testing and forms will not be allowed to participate in sports.

Section XI, Coach Responsibilities:

1. Participate in Concussion Education Course offered by the National Federation of State High School Associations (NFHS) on a yearly basis. Complete certificate of completion and return to the athletic department.

2. Ensure all student athletes have completed ImPact baseline testing before participation.
3. Ensure all student athletes have returned concussion history and health history form prior to participation in athletics.
4. 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.
5. Ensure all students have completed a concussion educational training and returned their certificate of completion prior to participation in athletics.
6. Remove from play any student athlete who exhibits signs and symptoms of a concussion.
7. Do not allow student athletes to return to play until cleared by a physician and athletic trainer.
8. Follow Gradual Return to Play Guidelines.
9. Refer any student athlete with returned signs and symptoms back to athletic trainer.
10. Any coach 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.

Section XII. 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 symptoms are not ready to return to play. The signs and symptoms

of post-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

Section XIII. Second Impact Syndrome:

Second impact syndrome is a serious medical emergency and a result of an 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 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 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.

Section XLV. Concussion Education:

It is extremely important to educate coaches, athletes and the community about concussions. On a yearly basis, all coaches must complete the online course called "Concussion In Sports: What You Need to Know". This course is offered by the National Federation of State High School Associations (NFHS). Student athletes also need to understand the importance of reporting a concussion to their coaches, parents, athletic trainer and other school personnel. Every year student athletes and parents will participate in educational training on concussions and complete a certificate of completion. This training may include:

CDC Heads-up Video Training, or

Training provided by the school district

The school district may also offer seminars, speakers, and discussion panels on the topic of concussions. Seminars offer an opportunity for the certified athletic trainer, athletic director and nurse leader to speak about concussions on the field at practices and games and to discuss the protocol and policy that the district has enacted. Providing education within the community will offer the residents and parents of athletes an opportunity to ask questions and voice their concerns on the topic of brain injury and concussions. When it comes to concussions, everyone needs to be aware of the potential dangers and remember that a concussion is a brain injury. Whenever anyone has a doubt about a student athlete with a concussion, **SIT THEM OUT!**

Parents/Guardian Information and frequently asked question:

In this program BHR will be closely working with Brockton Hospital under the care of Dr. Dan Muse and Dr. Kenneth Lawson. Both of these Doctors are certified in dealing with concussions, and concussion management.

In the event your child suffers from a concussion during a sporting event, you as the Parent/Guardian will be properly guided by the athletic trainer on what to expect, what to do and recommendations.

BHR will not let any student athlete “return to play” on a sport team without a note from a License Medical Doctor, who is experienced in Concussions Diagnosis and Management.”

- BHR also holds the right to hold a player out even though a Doctor’s note has been passed in.
- BHR also hold the right to request a second opinion from a Medical Professional who is experienced in Concussions Diagnosis and Management.”

How can I complete this interscholastic athletic head injury safety training?

Two free on-line courses are available and contain all information required by the law, including the signs and symptoms of concussion, how to respond to a suspected concussion, what you need to do to help an athlete when he/she is cleared to safely return to play, and what you can do to prevent sports related head injuries. Both courses provide certificates of completion. You should keep this certificate because schools may be collecting that information in order to comply with the law.

Heads Up: Concussion in Youth Sports from the Centers for Disease Control and Prevention

The first on-line course is available through the Centers for Disease Control and Prevention at:
http://www.cdc.gov/concussion/HeadsUp/online_training.html

The training uses expert interviews and interactive elements to train coaches and others on concussion. This course includes additional materials for coaches, parents, athletes and school nurses. Additional educational materials on concussion and their impact can be found at:
<http://www.cdc.gov/concussion/>

CDC has information available for individuals, including parents and athletes whose first language is Spanish and may not find the on-line course accessible:

Coaches: http://www.cdc.gov/concussion/pdf/Coach_Guide-a.pdf
and http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf

School nurses: <http://www.cdc.gov/concussion/HeadsUp/schools.html>

Athletes: http://www.cdc.gov/concussion/pdf/Athletes_Fact_Sheet-a.pdf
http://www.cdc.gov/concussion/pdf/Athletes_Fact_Sheet_Spanish-a.pdf

Parents: http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet-a.pdf

http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet_Spanish-a.pdf

Concussion in Sports: What You Need to Know from the National Federation of State High School Associations

This on-line course is available through the NFHS. You will need to click the “order here” button and complete a brief registration form to take the course. However, you do not need to be a member of NFHS to access this course. Go to:

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

How would I know if an athlete may have a concussion?

While the symptoms of concussions vary from person to person, the Centers for Disease Control and Prevention have developed helpful materials that can assist you in understanding the signs. Go to:

http://www.cdc.gov/concussion/signs_symptoms.html

What should I do if one of my players may have suffered a concussion or head injury during practice or a game?

If a student has become unconscious, suffered, or is suspected of having suffered, a concussion during a game or practice, the student **MUST** be removed from play. The student may not go back into that same game or practice even if the athlete says “I feel fine.”

When can an athlete be “returned to play”?

The law is clear that a student who may have suffered a head injury may not return to the same game or practice. It also requires that student athletes be certified for return to play by a licensed medical professional. It is strongly recommended that this professional have familiarity with concussion diagnosis and management. Formal Regulations will be available for public

comment mid-way through the school year. In addition, DPH is working with the medical community on guidelines and protocols for certifying an athlete's return to play.

How will parents learn about this law?

The law requires that schools make sure that parents of athletes and parent volunteers are provided with information regarding the sports concussion awareness courses. To comply with this component of the law, please read carefully Part A and Part B

Part A 2 On Line Courses

- 1) http://www.cdc.gov/concussion/HeadsUp/online_training.html
- 2) <http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

Part B Facts and Quiz

- 1) http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet-a.pdf
- 1a) http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet_Spanish-a.pdf
- 2) http://www.cdc.gov/concussion/pdf/quiz_Eng.pdf

Do parents and athletes have other responsibilities under this law?

Yes. Students and their parents or legal guardians must provide information to the school regarding any previous sports head injury at the start of each sports season. The Department of Public Health will be developing a sample form for this purpose. In the interim, parents and athletes can be asked to provide this information in a format selected by the school. However, these forms must require the signature of both the student and the parent or legal guardian. Coaches must receive this information prior to allowing any student to participate in an extracurricular athletic activity so they can identify students who are at greater risk for repeated head injuries.

BHR Action Plan

When a Coach/Athletic Trainer suspects that a player has a Concussion.

- 1) Remove the Athlete from any further play. Recognize any of the signs and symptoms of a concussion. Any Athlete who experiences any of the signs and symptoms of a concussion should not be allowed to return to play. If any doubt keep the athlete out of play.
- 2) Inform the athlete's parents or guardians about the known possible concussion that his/her child may have. Go over the signs and symptoms with the parent /guardians. Important that you make sure you tell the parents/guardians that the athlete must be seen by a health care professional.
- 3) Make sure the athlete is evaluated by the appropriate health care professionals.
- 4) Allow the student athlete to return only with permission from an appropriate health care professional and the BHR Trainer.

*****Any Student Athlete suspected of having a concussion, head injury or being treated by a physician...Must.....have proper documentation for return and see the BHR Athletic Trainer before returning to a practice or game for any follow up and limitations that may apply.*****
BHR Trainer's Protocol

Student Athletes returning from a suspected or a diagnosed concussion by their Physician will report to the trainer for further evaluation. The player will also be given proper instructions and limitations on how to safely return to their specific sport.

The trainer will discuss the safe procedure with the head coach in order to ensure a safe transition for the player in order to continue the rest of the season.

Example: Student is diagnosed for a concussion by their doctor.

Note: Student will be retested using Impact Testing Procedures

1. Student must bring in a note on the physician letterhead stating any limitations or restrictions. Also, when applicable other pertinent information requiring the intensity of the concussion in order to ensure a safe proper method of return to the sport

2. The trainer will perform his/her own evaluation based on their experience and the knowledge of the player
3. Trainer will give restrictions and limitations to the player and the head coach/coach based on the evaluations and restrictions of their physician

If the Trainer determines that the player is not ready for contact the second day, this will be relayed to the coach involved.

The Trainer will continually monitor and evaluate the progress of the player and determine if the player is ready for any contact and any up-coming contest.

During the contest the trainer will look, monitor this closely especially if the sport is a contact sport such as Football, Hockey, Soccer etc.

Any problems during a practice, scrimmage, or contest. The trainer and the coach will safely take the student athlete out of play. The trainer will bring any concerns to the attention of the player and his or her parents.

Note: All BHR Students Athletes will undergo the IMPACT TESTING, to develop a baseline in the event an athlete has a concussion.

BHR School Accommodations

The school nurse will oversee the accommodations for the return to classes and technology areas.

The school nurse will be notified by the school's Athletic Trainer, Coach or Doctor.

A student with a concussion may sit in front of the classroom.

If the student with the concussion complains that the material is precipitating the concussion symptoms, the student should be allowed to go and see the nurse.

The student with the concussion should seek extra help in all of the classes so as to assure no drop off in school work.

A student with a concussion should not use any power tools, hand tools, or any other machines within their technology area.

A student with concussion should not be on any ladders of any kind.

Students who have been diagnosed with a concussion will need constant monitoring by teachers, coaches and parents as they make the transition back to class. The hope is to limit their frustration and to avoid falling behind in class.

The Blue Hills policy divides recovery from a concussion into four stages, according to the severity of the injury.

Stage 1 Complete rest at home, limits on computer, television, cell phone, and parental monitoring.

Stage 2 Allows minimal participation in some academic activities in school, with help and watchfulness by teachers and staff. Convene team to look into possible 504/IEP, **if necessary.**

Stage 3 Transitional stage from the injury to full activity.

Stage 4 Complete return to academic and technology areas.

At stage 4 the student, staff, and parents must remain aware that some symptoms can return and problems can remain.

Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care professionals, parents, and students. All school staff, such as teachers, school nurses, counselors, administrators, speech-language pathologists, coaches,

and others should be informed about a returning student's injury and symptoms, as they can assist with the transition process and making accommodations for a student. If symptoms persist, a 504/IEP meeting may be called. Section 504/IEP Plans are implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include speech-language therapy, environmental adaptations, curriculum modifications, and behavioral strategies.

Teachers and coaches will be encouraged to monitor students who return to school after a concussion. Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities — such as concentration and learning — should be carefully monitored and managed by health and school professionals.

If a student already had a medical condition at the time of the concussion (such as chronic headaches), it may take longer to recover from the concussion. Anxiety and depression may also make it harder to adjust to the symptoms of a concussion.

Parents/ Guardian Sign off Page (Worksheet 1)

After reading the above information and performing the requirements set forth by the Commonwealth of Mass and Blue Hills Regional Technical High School, please sign below acknowledging that you have completed the Massachusetts Interscholastic Athletic Head Injury Training and received the certificate of completion. Blue Hills may ask you to provide this certification, for reporting purposes to the state. This form must be signed and collected in order for your student to participate in any athletic or extra curricula activities.

As a parent / guardian/ player, Please sign this page and pass the page into the head coach of the perspective sport in order to verify the requirements have been met by you.

Thank you the BHR Athletics.

Name of Sport: _____ Head Coach _____

Season: Fall Winter Spring (Please Circle 1)

Player's Name (Print) _____ Grade _____

Player's Signature _____

Parent/Guardian Name (Print) _____

Phone # _____ Email _____

Parent /Guardian Signature _____

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

**PRE-PARTICIPATION HEAD
INJURY/CONCUSSION REPORTING FORM
FOR EXTRACURRICULAR ACTIVITIES (Worksheet 2)**

Student's Name: _____ Sex: _____ Date of Birth:
_____ Grade: _____

School: _____ Sport(s): _____

Home Address: _____

Telephone: _____

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____
No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____
No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent
concussion:

Parent/Guardian:

Name:

Signature/Date

(Please print)

Student Athlete:

Signature/Date

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Head Injury
Student Incident Report
(Worksheet 3)

Name _____ DOB _____ Grade _____ ID# _____

Date of occurrence _____ Time _____ Date reported _____

Location of incident _____

Condition of incident: accident _____ altercation _____ other _____

Names of witness _____

Athletic injury _____ name of sport _____

Describe what happened _____

To whom was the injury reported to? _____

Were parents called? Yes ___ No ___

Was medical attention sought? Yes ___ No ___ Where? _____

Was referral to Dr. Daniel Muse (508-941-7400) @ Brockton Hospital initiated? Yes ___ No ___

Were Concussion Protocols initiated? Yes ___ No ___ pretest _____ post test _____

Name of Guidance Counselor _____ date notified _____

Signature of School Nurse _____ date notified _____

Signature of Athletic Trainer or Coach _____

Blue Hills Regional Technical High School
CONCUSSION AND RETURN TO PLAY PROTOCOL
(Worksheet 4)

Physical Post Concussion Tests

The athlete will be given five physical post-concussion tests administered by a certified athletic trainer. Only one test per day. Next test will be administered only when previous test is passed with no symptoms. These tests will take a minimum of five days.

Test 1: (to increase heart rate): Low levels of physical activity. This includes walking, light jogging, light stationary biking and light weight lifting (low weight, moderate reps, no bench, no squats)

Test 2: (to increase heart rate with movement): Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weight lifting (reduce time and or reduces weight for the athlete’s typical routine).

Test 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular weight lifting routine, non-contact sport specific drills (agility with 3 planes of movement).

Test 4: Sports specific practice

Test 5: Full contact in a controlled drill or practice.

Athlete’s Name _____ Age _____

Date of Injury _____ Sport _____

Parent/Guardian Signature:

I have read the Concussion and Return to Play Protocol and I understand the seriousness of a concussion, its symptoms and the Graduated Return to Play Protocol. Questions? Call high school nurse @781-828-5800 ext. 288 or the Athletic Office at 781-828-5800 ext. 37

Parent/Guardian Signature **Date**

Test Completion Dates with Asymptomatic Results:

Test 1

Test 2

Test 3

Test 4

Test 5

I verify that _____ has completed the five physical Post-Concussion tests and said athlete was asymptomatic for all tests.

Certified Athletic Trainer Signature

Date

Athlete Signature

I have read and understand the Concussion and Return to Play Protocol, concussion symptoms, and the seriousness of a second concussion injury.

Athlete 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 (Worksheet 5)**

This medical clearance should only be provided *after* a gradual return to play plan has been completed and student has been symptom free at all stages. ***The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular athletic activities.***

Student's Name: _____ Sex: _____ Date of Birth: _____
Grade: _____

Date of injury: _____
Nature and extent of injury: _____

Symptoms (check all that apply):

- Nausea or vomiting Headaches Light/noise sensitivity
- Dizziness/balance problems Double/blurry vision Fatigue
- Feeling sluggish/"in a fog" Change in sleep patterns Memory problems
- Difficulty concentrating Irritability/emotional ups and downs
- Sad or withdrawn Other

Duration of Symptom(s): _____ Diagnosis: Concussion Other:

If concussion diagnosed, date student completed gradual return to play plan without recurrent symptoms:

Prior concussions (number, approximate dates):

Name of Physician or Practitioner: _____

- Physician Certified Athletic Trainer Nurse Practitioner Neuropsychologist

Address: _____ Phone number:

Physician providing consultation/coordination (if not person completing this form):

***I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO
EXTRACURRICULAR
ATHLETIC ACTIVITY.***

Signature: _____ Date: _____

Note: This form may only be completed by: a duly licensed physician; a certified athletic trainer in consultation with a licensed physician; a duly licensed nurse practitioner in consultation with a licensed physician; a duly licensed neuropsychologist in coordination with the physician managing the student's recovery.

**Blue Hills Regional Vocational School District, 800
Randolph Street, Canton, MA 02021-9103**

Policy File JJIF

**Approved UNANIMOUSLY by the District School
Committee on Tuesday, February 28, 2012**