

Swampscott Public Schools

DEPARTMENT OF ATHLETICS

200 Essex Street

Swampscott, Massachusetts 01907



Concussion Protocol

Developed by:

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Concussion Protocol and Laws

In July of 2010, Massachusetts passed Senate Bill 2496, commonly known as the "Concussion Law", designed to require schools, parents, and athletes to be educated and have procedures in place regarding concussion reporting. Understanding head injuries is still an inexact science; the CDC describes a concussion as a "traumatic brain injury that comes from a blow to the head." Most concussions occur without a loss of consciousness and simply are not as plainly obvious as a bad broken bone or sprain. Eliminating concussions is next to impossible; in contact sports, injuries of all sorts are inevitable, which makes recognizing head injuries, treating them, and ensuring an athlete is fully healed before he or she returns to the field is absolutely critical. This law requires parents and athletes to receive information about concussions. Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for students of Swampscott Public Schools suspected of sustaining a concussion during extracurricular athletic activities.

To Whom Does the Concussion Protocol and Law Apply?

Any student from ninth (9th) through twelfth (12th) grade and any 8th grade student who is moved up and who participates in any extracurricular athletic activity in the Swampscott Public Schools is subject to the participation requirements, concussion management, and return to play guidelines described in this protocol. All such students and their parents should familiarize themselves with the information on the definition, signs, symptoms, management, and treatment of concussions, as well as the Swampscott Public Schools policy for reporting, communicating, and monitoring recovery from such injuries.

How was this Protocol Developed and Where Can Families? Get More Information?

This protocol was developed by Swampscott Public Schools athletic department, nursing staff and athletic trainer, in consultation with the teachers, administrators, and guidance department. It was also approved by the Swampscott School Committee. The School Committee and the Superintendent have designated the Athletic Director as the person responsible for the implementation of this Protocol. The policy and procedures in this Protocol will be reviewed on a biannual basis, with any changes to be approved by the Swampscott School Committee, and communicated to athletic staff and school personnel in writing.

A synopsis of this Protocol can be found in both the Swampscott Public Schools' Student Handbook and Faculty Handbook. Please also see the section on Helpful Links and Resources at

the end of this Protocol.

Definitions:

A **concussion** occurs when there is a direct or indirect injury to the brain that causes impairment of mental functions such as memory, balance/equilibrium, and vision. A concussion causes disruption in brain function without causing structural damage, which makes it difficult to diagnose because the damage is not visible on an MRI or CT Scan. Concussions may be caused by a bump, blow, or jolt to the head or body which causes the brain to bounce around or twist within the skull. This may occur either when the head is stationary and struck by a moving object, or when the head is moving and makes contact with an immovable object. Concussions can have potentially serious long-term ramifications, and so it is important to be cautious when monitoring recovery.

It is important to recognize that many sport-related concussions *do not* result in loss of consciousness and, therefore, all suspected head injuries should be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or may potentially be trying to hide the injury to stay in the game or practice.

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.

An **Extracurricular Athletic Activity** is any organized, school-sponsored athletic 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, rugby, soccer, skating, softball, squash, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, and wrestling. All interscholastic athletics and club sports administered by Swampscott Public Schools are deemed to be extracurricular athletic activities.

Important Note:

BEFORE Students will be allowed to participate in any extracurricular athletic activity in Swampscott Public Schools, a Parent/Guardian must:

1) Ensure Student has participated in baseline ImPACT Testing:

Concussion management begins with pre-season baseline testing. Every new (first-year or transfer) student seeking to participate in extracurricular athletic activities in Swampscott Public Schools must receive a pre-season ImPACT baseline assessment for concussion that will remain on hand in the event that the student becomes injured. Students participating in multiple seasons of extracurricular athletics will be required to complete only one baseline per year. Students must be retested to update baseline testing every other year. This test is provided free of charge by the school.

2) Complete all Head Injury questions on Family ID:

Parents must record any occurrence of their student Athlete having sustained a concussion or head injury, inside or outside of school (if a head injury or concussion is sustained after registration and/or during the season, a **Report of Head Injuries Form** must be completed and submitted, in addition to notifying the athletic trainer and school nurse).

3) Take an Online Concussion Course, and Electronically Sign the Agreement on Family ID. (see next section).

Note that per MIAA mandate and state legislation, annual concussion awareness training is required for coaches, athletic trainers, volunteers, school and team physicians, school nurses, athletic directors, directors for school marching band (if applicable), and students participating in extracurricular athletic activities, as well as for Parents/Guardians of students participating in such activities.

IF THE ABOVE STEPS ARE NOT COMPLETED, THE SWAMPSCOTT STUDENT WILL NOT BE PERMITTED TO PARTICIPATE IN EXTRACURRICULAR ATHLETIC ACTIVITIES.

Online Head Injury and Concussion Awareness Course

As part of the state legislation concerning concussions, those involved with extracurricular athletic activities must be versed in the current information concerning head injuries.

In order to be in compliance with the law, a parent/guardian and the student athlete must complete one of two FREE on-line concussion courses and complete the electronic sign off during registration on Family ID prior to their child being permitted to participate in an extracurricular athletic activity in the Swampscott Public Schools. Parents/Guardians and student athletes may choose between the course offered by the National Federation of State High Schools (NFHS) or that offered by the Center for Disease Control and Prevention (CDC).

To access the NFHS Course:

1. Go to <http://www.nfhslearn.com>
2. Click on Register and complete the basic information
3. Click Submit Registration
4. Click on the Course “Concussion in Sports-What You Need to Know”
5. Click Order now
6. Select order course for myself
7. Choose Massachusetts
8. Select Complete Purchase (\$0.00)
9. Take course

To access the CDC Course:

1. Go to: <http://www.cdc.gov/concussion>
2. Click on “Heads Up Concussion – Take the Free On-line Concussion Training”
3. Scroll down and Click on “To take the Training”
4. Take course

After completing the course, you can electronically sign the agreement during the registration process indicating completion of the course. When registering please be sure to complete the medical questions about concussions as well. State regulations require Swampscott Public Schools maintain a record of completion of the annual training for three (3) years, or at a minimum, until the student graduates.

Signs & Symptoms of Concussion

At the discretion of the trainer or coach, an athlete should receive immediate medical attention for signs and symptoms of concussion. These include any of the following:

Signs (observed by Others)	Symptoms (experienced by Concussed Student)
<ul style="list-style-type: none"> ○ Loss of Consciousness (LOC) ○ Vomiting / Nausea ○ Confusion ○ Convulsions or seizures ○ One pupil is larger than the other ○ Difficulty recognizing people or places ○ Extreme drowsiness or cannot be awakened ○ Any weakness or numbness ○ Appears dazed or stunned ○ Moves clumsily ○ Unsure of score, opponent, date, etc. ○ Can't recall events prior to incident ○ Can't recall events after incident ○ Answers questions slowly ○ Confused about what to do – assignment, position ○ Forgets an instruction – play ○ Shows mood, behavior, or personality changes ○ Sensitivity to light and/or noise ○ Concentration/memory problems 	<ul style="list-style-type: none"> ○ Dizziness ○ Headache or “pressure” in head (particularly a Headache which worsens or does not go away after 24 hours) ○ Tinnitus (ringing in the ears) ○ Fatigue ○ Irritability ○ Frustration ○ Difficulty in coping with daily stress ○ Impaired memory or concentration ○ Eating and sleeping disorders ○ Behavioral changes ○ Decreases in academic performance ○ Depression ○ Visual disturbances ○ Double or fuzzy vision ○ Feeling sluggish, foggy, or groggy ○ Doesn't “Feel Right”

Any student, who during a practice or competition, sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, shall be removed from the practice or competition immediately and may not return to the practice or competition that day. The student shall not return to practice or competition unless and until the student provides written medical clearance and authorization. (See Return to Play section).

What To Do if You or a Fellow Student Sustains a Head Injury

- 1) Be cautious. Any head trauma or injury should be treated like a concussion until proven otherwise.
- 2) Inform a coach, athletic trainer, school nurse, and/or parent volunteer immediately. If parents of the injured student are not present, they will be immediately contacted. (See Communication Flow Chart).
- 3) Someone should be with the injured student at all times during the first 24 hours after a head injury.
- 4) If the signs and symptoms of concussion do not abate over time, or if they worsen, contact a physician or 911 immediately.

Students with questions or concerns about symptoms they are experiencing should contact their doctor or go to the emergency room and also contact the Athletic Trainer.

When returning to school, the injured student and the parent/guardian should contact the school nurse, guidance, and athletic director to ensure school staff are aware of the situation and ready to make accommodations if necessary. (See Communication Flow Chart) Students who have been diagnosed with a concussion will need to develop a Written Graduated Reentry Plan for academic, as well as extracurricular athletic, activities.

- 5) During the recovery following a suspected concussion:
 - ✓ Rest and avoid activities that require mental focus (reading, computer, video games, texting, TV, etc.) for at least 24 hours or until symptoms clear.
 - ✓ No alcoholic beverages.
 - ✓ Do not train or play sports until medically cleared. Students will not be able to return to extracurricular athletic activities in Swampscott Public Schools until completing the Return to Play Protocol.
 - ✓ Contact a physician or seek emergency medical aide if any of the following symptoms worsen during recovery:
 - Worsening Headache, double vision, or dizziness
 - Drowsiness or the inability to be awakened
 - Inability to recognize people or places

- Repeated vomiting
- Behaving unusually; confusion or irritability
- Seizures (arms and legs jerks uncontrollably)
- Unsteadiness on feet or slurred speech

Return to Play Protocol

Any student, who during a practice or competition, sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, shall be removed from the practice or competition immediately and may not return to the practice or competition that day. The student shall not return to practice or competition unless and until the student provides the written medical clearance and authorization.

Each student who is removed from practice or competition and subsequently diagnosed with a concussion shall have a graduated reentry plan provided by the administration for return to full academic activities and provided by the athletic trainer for return to full extracurricular athletic activities (see next section).

In addition to the above, the following steps shall be taken:

1. Student suffers head injury, exhibits signs or experiences symptoms of concussion. Student is immediately removed from practice or competition.
2. SCAT 2 or BESS Test is immediately performed with the student if the athletic trainer is available at the time (otherwise skip to step 3).
3. Monitor student's signs and symptoms. Transport to Emergency room if any of the following (via ambulance):
 - Deteriorating of neurological function
 - Decreasing level of consciousness
 - Decrease or irregularity in respirations
 - Any sign or symptom of associated injuries, spine or skull fracture or bleeding
 - Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
 - Seizure activities
4. The coach/ activity leader shall communicate the nature of the injury directly to the parent/guardian in person or by phone immediately after the practice or competition from which the student was removed. The coach will also provide this information to the parent in writing. If necessary, an additional copy of the **Post Sports Related Head Injury Medical Clearance Form** shall be provided to the parents.

6. Coach/Band director will contact Athletic Trainer, and the Athletic trainer will contact the Athletic Director within 24 hours to make sure school staff is aware of student's condition and teachers/school nurse can observe student in school. School professionals monitor the student for the following (report to school nurse who will report to Athletic Trainer):

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time need to complete tasks
- Difficulty organizing tasks
- Inappropriate or impulsive behavior during class
- Greater irritability
- Less ability to cope with stress/more emotional

7. When the student returns to school, s/he will check in with the Nurse and/or Athletic Trainer. Nurse and/or Athletic Trainer will conduct ImPACT testing to compare neurological function to pre-season, baseline testing (provided at no cost by the school). Student should check in with Athletic Trainer daily until completely cleared to return to full academic and extracurricular athletic activities.

→ Even if post-injury ImPACT testing reveals neurological functioning equivalent to baseline, the student shall not be automatically returned to play.

8. Student/Parents will make an appointment with family physician. ImPACT testing results may be shared with the physician to aid in diagnosis and treatment.

9. If the student is determined to have suffered a concussion, a **Post Sports-Related Head Injury Clearance and Authorization Form** must be completed by a licensed physician trained in concussion protocol before undergoing *5-Step Graduated Exertional Return to Play Protocol* and resuming extracurricular athletic activities.

10. Once the student is completely symptom-free and has been medically cleared, the Athletic Trainer will conduct the *5-Step Graduated Exertional Return to Play Protocol*:

- Step 1: Lite aerobic exercise (walking, biking, and jogging for 20-30 minutes to increase heart rate)
- Step 2: Sport specific exercise (no contact)
- Step 3: Complete a full non-contact practice
- Step 4: Full contact sport specific practice
- Step 5: Return to contact sports and full participation in a game

→ The steps are not ALL to be performed on the same day. Each step will be completed 24 hours apart.

→The student will progress to the next step only if s/he display no signs or symptoms during and following each workout. If s/he present symptoms, the exercise should stop

immediately, the student should rest for at least 24 hours (until symptoms resolve), and then return to the previous step in the protocol.

→No student can return to full athletic activity or competition until they are asymptomatic in limited, controlled, and full-contact activities, and cleared by the student's physician and Athletic Trainer.

Written Graduated 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, guidance 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 and school personnel, addressing but not be limited to:

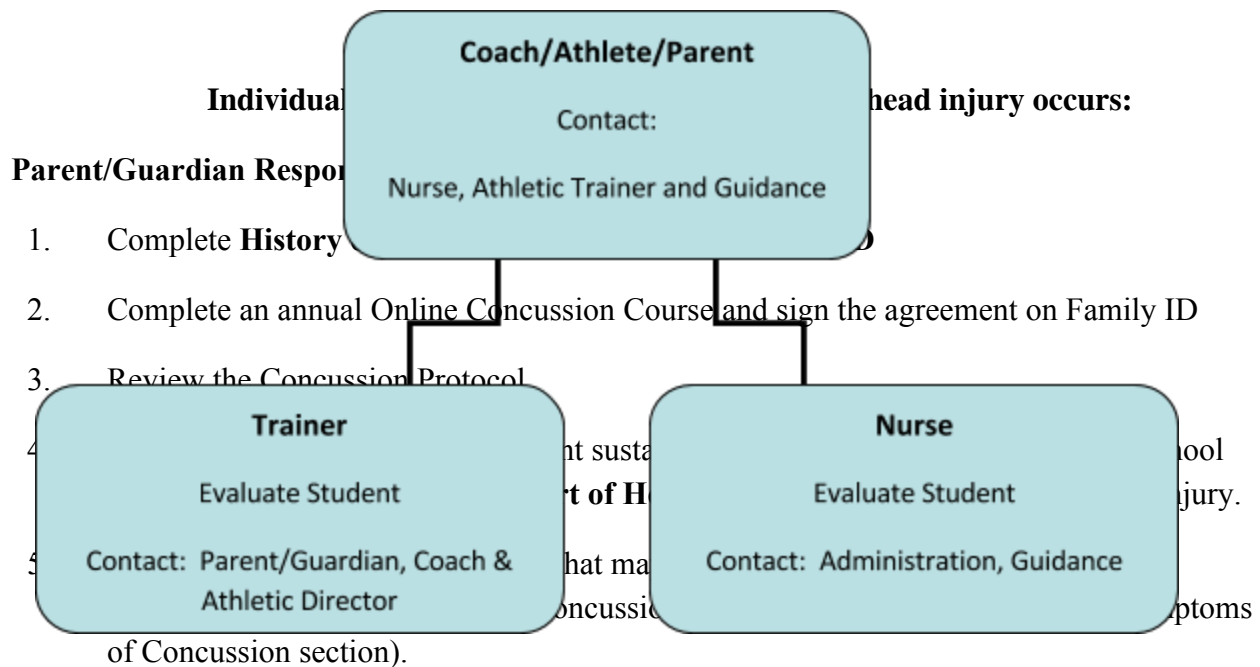
- Physical and cognitive rest as appropriate
- Accommodations and modifications needed, if any, for gradual return to classroom studies
- Expected timeline for recovery and resumption of activities;
- Schedule for assessments and check-ins by the school nurse and Athletic Trainer (e.g., when the student 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.

State regulations require that Swampscott Public Schools maintain a record of each written graduated reentry plan for three (3) years, or at a minimum, until the student graduates.

Head Injury Communication Flow Chart

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

1. 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.
2. The school nurse will be in contact with the athletic trainer and the guidance department in order to share any pertinent information regarding the head injury.
3. The 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.
4. The coach will be in contact with the trainer and s/he should be monitoring the student-athlete during practices/games.
5. The nurse will contact the teachers concerning the injury, any accommodations that might be necessary, and the date of clearance.
6. The Athletic Director will follow up with the athletic trainer, nurse and coach as needed.
7. Members of Swampscott Public Schools faculty and staff are expected to comply with this concussion protocol and to fulfill the responsibilities as described in this section.



6. Encourage your student to follow the Concussion Protocol and the graduated re-entry plan, if applicable.
7. Enforce restrictions on rest, electronics and screen time.
8. In the event of a concussion diagnosis, have physician complete the **Post Sports-Related Head Injury Clearance and Authorization Form**
9. Participate in drafting written graduated reentry plan. Request a contact person from the school with whom you may communicate about your student'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.

Recognize that your child will be excluded from participation in any extracurricular athletic activity if the required registration is not completed on Family ID including the online concussion course.

Student Responsibilities:

1. Complete baseline ImPACT testing prior to participation in extracurricular athletic activities.
2. Participate in all concussion training and education and electronically sign Concussion Agreement on Family ID
3. Report all symptoms to coach or athletic trainer in case of a head injury during practice or competition.
4. If you exhibit signs or experience symptoms of a concussion...
 - **REST.**
 - Do not participate in extracurricular athletic activities until medically cleared and having completed Return to Play protocol.
 - Be honest about symptoms when talking to health care providers and school personnel.
 - Keep strict limits on screen time and electronics.
 - Don't carry books or backpacks that are too heavy.
 - Tell your teachers/guidance counselor if you are having difficulty with your class work.

- See physician for pain management.
- Report any symptoms to physician, the athletic trainer, school nurse and parent(s)/guardian(s) if any occur after return to play.
- Return **Post Sports-Related Head Injury Clearance and Authorization Form** to school nurse and/or athletic trainer prior to return to play.
- Follow written gradual reentry plan, if applicable.

Students who do not complete and/or return all required trainings, testing and forms will not be allowed to participate in extracurricular athletic activities.

Coaches & Band Instructor Responsibilities Are:

1. To participate in Online 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. To review the medical forms as needed to identify those students at a greater risk for repeated head injuries.
3. To ensure all students have completed baseline ImPACT testing before participating in extracurricular athletic activities.
4. To complete a **Report of Head Injury Form** if a student/player suffers a head injury during practice or competition. This form must be shared with the athletic trainer and school nurse.
5. To teach techniques to students aimed at minimizing head injuries in the relevant extracurricular athletic activity.
6. To discourage and prohibit students 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.
7. To identify students with head injuries or suspected concussions during practice or competition and remove them from play.
8. To immediately inform parents/guardians and Athletic Trainer/school nurse of head injury or suspected concussion, according to Return to Play Protocol.
9. To not allow student to return to play until s/he is medically cleared by a physician and has completed the 5-Step Graduated Exertional Return to Play protocol with the Athletic Trainer. Refer any previously-injured students with renewed signs and symptoms of concussion back to Athletic Trainer.

Athletic Director Responsibilities Are:

1. To participate in biannual review of this Concussion Protocol
2. To complete annual training on concussion awareness and treatment.
3. To ensure that all required educational training programs for staff, parents, volunteers, coaches and students are completed and recorded.
4. To ensure that all students meet the physical exam requirements consistent with 105 CMR 200.000 prior to participation in any extracurricular athletic activity.
5. To ensure that all students participating in extracurricular athletic activities have completed registration on Family ID, and MIAA forms.
6. To ensure that students are prohibited from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of a student, including using a helmet or any other sports equipment as a weapon.
7. To ensure that students diagnosed with a concussion do not begin graduated exertional Return to Play testing, or return to extracurricular athletic activities, until a **Post Sports-Related Head Injury Clearance and Authorization Form** has been completed.
8. To ensure that new **Report of Head Injury Forms** are completed by parent/guardian(s) or coaches after a student suffers a suspected concussion during an extracurricular athletic activity, and that the forms are reviewed by the coach, athletic trainer.
9. To report annual statistics to the Department of Public Health as follows: the total number of History of Head Injury Report Forms received from both coaches and parents and the total number of students who incur head injuries and suspected concussions when engaged in extracurricular athletic activities.

Inform parent/guardian(s) that, if all necessary requirements are not met, their child will not be allowed to participate in athletic or extracurricular activities in Swampscott Public Schools.

Administrative Responsibilities Are:

1. To understand that the student's ability to perform academically may differ based on the nature, severity and location of a concussion in the brain.
2. To participate in biannual review of this Concussion Protocol.
3. To identify a contact or "point person" once Swampscott Public Schools is informed of a student's concussion. This point person (e.g. the guidance counselor, athletic director, school nurse, school psychologist or teacher) should assist in coordinating the written gradual reentry plan, including working with the student on organizing work

assignments, making up work, and arranging extra time for assignments and tests/quizzes.

4. To educate staff on the signs and symptoms of concussions and the educational impact concussions may have on students.
5. To include concussion information in student handbooks.
6. To develop a plan to communicate and provide language-appropriate educational materials to parents with limited English proficiency.

Guidance Responsibilities Are:

1. To understand that the student's ability to perform academically may differ based on the nature, severity and location of a concussion in the brain.
2. To notify teachers of the student's concussion and outline reasonable accommodations (Guidance Counselor should email all student's current teachers for each quarter through the end of the year). Students diagnosed with persistent and/or severe symptoms, might require a temporary Section 504 Accommodation Plan, which the Counselor will be responsible for developing with the 504 team. A parent/guardian, administrator, school nurse, and athletic director will be included on carbon copy of concussion related email communication.
3. To assist in drafting the written graduated reentry plan for any student diagnosed with a concussion.
4. To assist teachers in following the re-entry plan for any student with a concussion or head injury.
5. To convene meetings and develop written reentry plan and accommodations.
6. To make sure accommodations will remain in place until the Counselor receives medical clearance from the athletic trainer or physician. At this point, counselors will notify teachers.

Teacher Responsibilities Are:

1. To understand that the student's ability to perform academically may differ based on the nature, severity and location of a concussion in the brain.
2. To respond to the Counselor's notification in a timely manner.

3. To decrease workload if symptoms appear.

School Nurse Responsibilities Are:

1. To participate in the biannual review of this Concussion Protocol
2. To participate and complete the CDC training course on concussions. A certificate of completion will be recorded by the nurse leader yearly.
3. To review, when possible, all completed student Family ID medical forms, including **History of Head Injury Questions**, and follow up with the parents and/or coaches as needed prior to student's participation in extracurricular athletic activities. If injury occurs during the school day, School Nurse will inform administrator and complete accident/incident form (**Report of Head Injury Form**).
4. To work in consultation with the athletic department to maintain all most recent **History of Head Injury Report Form** in each student's health record. Enter physical exam dates and concussion dates into the student information system.
5. To complete symptom assessment when student enters Health Office (HO) with suspected concussion during school hours. Repeat in 15 minutes.
6. To participate in drafting graduated reentry plan for students who have been diagnosed with a concussion returning to school, and revise the student's health care plan as needed/applicable, including developing a plan for pain management.
7. To allow students who are in recovery to rest in HO when needed.
8. To monitor recuperating students with head injuries. School Nurse will observe students with a concussion for a minimum of 30 minutes, and if symptoms are present, notify parent/guardian immediately.
9. To provide ongoing educational materials on head injury and concussion to teachers, staff and students.

Athletic Trainer Responsibilities Are:

1. To participate in biannual review of this Concussion Protocol

2. To participate and complete the CDC training course on concussions.
3. To test all students participating in extracurricular athletic activities with baseline and post-injury ImPACT testing.
4. To review information from Family ID Medical Forms, including the **History of Head Injury Questions**, to identify students at greater risk for repeated head injuries.
5. To identify students with head injuries or suspected concussions that occur in practice or competition and remove them from play.
6. To conduct, if present at time of head injury, a SCAT 2 or BESS test of any student removed from play. If not present at time of head injury, conduct post-injury ImPACT testing in accordance with Return to Play protocol.
7. To conduct and monitor 5-Step Graduated Exertional Return to Play Protocol once a concussed student is asymptomatic, has been medically cleared and handed in a completed **Post Sports-Related Head Injury Clearance and Authorization Form**.
8. To assist in drafting the written graduated reentry plan for any student diagnosed with a concussion.

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

The Commonwealth of Massachusetts Executive Office of Health and Human Services

Department of
250 Washington
MA 02108-4619

REPORT OF HEAD INJURY DURING SPORTS SEASON

Public Health
Street, Boston,

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

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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

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.

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 _____

POST SPORTS-RELATED HEAD INJURY MEDICAL CLEARANCE AND AUTHORIZATION FORM

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

The student must be completely symptom free at rest, during exertion, and with cognitive activity prior to returning to full participation in extracurricular athletic activities. Do not complete this form until a graduated return to play plan has been completed and the student is found to be symptom free at rest, during exertion and with cognitive activity.

Student's Name	Sex	Date of Birth	Grade

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

Symptoms following injury (check all that apply):

- Nausea or vomiting Headaches Light/noise sensitivity
- Dizziness/balance problems Double/blurred 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 graduated return to play plan without recurrent symptoms: _____

Prior concussions (number, approximate dates): _____

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

Practitioner signature: _____ Date: _____

Print Name: _____

Physician Licensed Athletic Trainer Nurse Practitioner Neuropsychologist Physician Assistant

License Number: _____

Address: _____ Phone number: _____

Name of Physician providing consultation/coordination/supervision (if not person completing this form; please print):

I ATTEST THAT I HAVE RECEIVED CLINICAL TRAINING IN POST-TRAUMATIC HEAD INJURY ASSESSMENT AND MANAGEMENT APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH* OR

HAVE RECEIVED EQUIVALENT TRAINING AS PART OF MY LICENSURE OR CONTINUING EDUCATION.

Practitioner's initials: _____

Type of Training: CDC on-line clinician training Other MDPH approved Clinical Training Other (Describe)

* MDPH approved Clinical Training options can be found at: [www.mass.gov/dph/sports concussion](http://www.mass.gov/dph/sports%20concussion)

This form is not complete without the practitioner's verification of such training.

Helpful Links

[Massachusetts Concussion Law Information](#)

[Heads Up Concussion Information](#)

[SCAT 3 Concussion Test](#)

[BESS 3 Concussion Test](#)