

Student 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 on behalf of Springfield Prep Charter School, including, but not limited to, interscholastic sports and other, non-interscholastic athletic programs, in order to protect their health and safety as required by Massachusetts law and regulations.

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 athletes 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 Massachusetts Department of Health ("DPH") 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 athletes who sustain concussions and return to play before their brain has healed are highly vulnerable to more prolonged post-concussion syndromes or, in rare cases, a catastrophic neurological injury known as Second Impact Syndrome.

The requirements of the law and related regulations (G.L. c. 111, § 222; 105 CMR 201.000) apply to all public middle and high schools, however configured, serving grades six through high school graduation. Notwithstanding the grade limitations of the law, Springfield Prep Charter School (the "School" or "Springfield Prep") shall apply this Policy to all students who participate in extracurricular athletic activities. In addition to any training required by law, the following persons shall complete one of the required head injury safety training options detailed below:

- Coaches;
- Physical education teacher(s);
- Volunteers who assist with extracurricular athletic activities;
- School Nurses; and
- Students who participate in an extracurricular athletic activity and their parents.

This requirement may be met by:

- Completing an online training program approved by the Massachusetts Department of Public Health (DPH), as found on its website and as updated from time to time (<https://www.mass.gov/service-details/concussion-trainings>);
- Signing an acknowledgement that they have read and understand DPH approved written materials provided to them by the School Nursing Office.
- Parents and students will receive DPH approved written materials documents and information on safety and head injuries from the School Nursing Office.

The Nurse Leader shall be responsible for collecting and maintaining records evidencing Springfield Prep's compliance with this policy. The Nurse Leader will keep all certificates, signed acknowledgements and training session rosters for three years. These requirements must be met by each school employee subject to this policy annually.

Upon the adoption of this policy by the Board of Trustees, the Executive Director or designee shall ensure that DPH receives an affirmation on school letterhead that Springfield Prep has developed policies and the Board of Trustees has adopted a final policy in accordance with law. This affirmation shall be updated every two years after the Board's initial adoption of these policies.

The Executive Director or designee shall maintain or cause to be maintained complete and accurate records of the school's compliance with the requirements of G.L. c. 111, § 222 and shall maintain the following records for three years or, at a minimum, until an affected 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; and
5. Graduated reentry plans for return to full academic and extracurricular athletic activities.

The School shall make these records available to DPH and the Department of Elementary and Secondary Education (DESE), upon request or in connection with any inspection or program review and in compliance with the Family Educational Rights and Privacy Act ("FERPA) and Massachusetts regulations (603 CMR 23.00 *et seq*) concerning access to and disclosure of student records, as updated from time to time. Springfield Prep's custodian of records in compliance with G.L. c. 111, § 222 may destroy records after the retention period discussed in this policy.

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 their act or omission.

The protocols set forth in Appendix A of this Policy 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. If a student sustains a head injury or concussion during the school year, but not while participating in an extracurricular athletic activity, the parent/guardian shall complete the Report of Head Injury Form and submit the same to the School Nurse.

Springfield Prep Charter School's Nurse Leader shall be responsible for maintaining and reporting annual statistics on a DPH form or electronic format that, at a minimum, reports 1) the total number of Report of Head injury Forms received by the school; and 2) the total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities.

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, or as needed, by the Nursing Office, athletic coaching staff, and nursing staff in order to incorporate any updates in the management of sports-related concussions based on best medical practices. Any changes



in this document will be approved by the Board of Trustees and given to athletic staff, including coaches and other school personnel in writing. In accordance with governing regulations, Springfield Prep's student and parent handbooks include information regarding this policy and how to obtain the policy.

Springfield Prep takes the safety of students seriously. All members of the school staff are expected to follow these policies and protocols to support the health and safety of students. The underlying philosophy of these policies is "when in doubt, sit them out". Failure to comply with the letter or the spirit of these policies could result in progressive discipline for the staff and/or forfeiture of games/competitions. If students or parents/guardians have concerns that the policies are being violated, they should inform the appropriate staff member immediately and where possible, issue their concerns in writing to the Executive Director or designee. If a parent/guardian believes that a coach or school employee or volunteer is violating this policy during a game, practice, or other event, the parent/guardian should raise the issue immediately to the Executive Director or designee.

APPENDIX A – CONCUSSION PROTOCOLS AND 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 Nurse 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 Nurse is not available, the coach or other trained staff member 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 Nurse will use the Standardized Assessment for Concussion (SAC) to assess and document the student athlete's concussion. The Nurse will also report on the student athlete's signs and symptoms by using the Signs and Symptoms Checklist. On the signs and symptoms checklist, the Nurse 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 Nurse or Coach 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 Nurse or Coach
 - 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. Parent(s)/ guardian(s), as well as student athletes, must read and sign the Post Sports-Related Head Injury Medical Clearance and Authorization Form and bring it back to the Nurse before starting with the return to play protocol.

V. Gradual Return to Play Protocol:

1. Student athletes, with the consent of their parent(s)/guardian(s), will start taking the ImPact Test. 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. **All students who participate in extracurricular athletics, whether interscholastic or not, 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 Nurse or Coach. 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 School Nurse. This information will be recorded in the student information system for tracking purposes.



B. Following any concussion, the School Nurse must be notified, who shall notify the School Nurse Leader.

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 Post Sports-Related Head Injury Medical Clearance and Authorization 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 Nurse will take the Post Sports-Related Head Injury Medical Clearance and Authorization 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 Nurse or Coach 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 School Nurse.

Exertional Post Concussion Tests:

A. **Test 1:** (30% to 40% maximum exertion): 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:** (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.



C. 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).

D. Test 4: (80% maximum exertion). 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 (HO) 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. Nurse Leader 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 and concussion history 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, 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 Health Office.
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 provided by the school on concussions and return certificate of completion to the School Nursing Office.



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.

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 Coach and/ or School Nurse.

5. Follow 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 School Nurse for pain management.



13. Return to sports only when cleared by physician and the School Nurse.
14. Follow Gradual Return to Play Guidelines.
15. Report any symptoms to the Coach and/or School Nurse and parent(s)/guardian(s) if any occur after return to play.
16. Return medical clearance form to School Nurse 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. 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 XII 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 XIII. 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, 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
- DPH-approved written materials and acknowledgement of receipt and review

Springfield Prep Charter School may also offer seminars, speakers, and discussion panels on the topic of concussions. Seminars offer an opportunity for the School Nurses and other trained personnel 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 and have them see the appropriate healthcare professional!**



APPENDIX B – HEAD INJURY MANAGEMENT PROTOCOL

Department of Nursing Services

The care and management of head injuries in the school setting requires collaboration between families, School Nurses, guidance counselors, school administration and physicians. The key components for a successful reentry plan after a concussive event are management, communication, education and academic accommodations.

Head Injury Guidelines

Head injury at school with no presenting symptoms:

- The School Nurse will provide a detailed physical assessment and immediate care of the head injury and monitor the student in the Health Office as needed
- Student will be reassessed before returning to the classroom
- The teacher will be provided with information regarding the student's injury if needed
- Parent/guardian will be notified by the School Nurse of any significant assessment results or concerns as needed
- Complete an accident report if appropriate
- The School Nurse will make the decision if the student should participate in physical education or recess if scheduled for that day

Head injury at school with presenting symptoms:

- Any student who sustains a head injury during the school day with loss of consciousness must be transported to the hospital for evaluation and the parent contacted immediately
- Students who present with significant symptoms or deviations from a normal neurological assessment should be dismissed from school accompanied by a parent or responsible adult. No student should be allowed to drive themselves home after sustaining a head injury
- Follow up assessment should be completed by a physician or emergency room
- Students should follow the direction of their health care provider about when to return to school, physical activity including physical education and athletics

Head injury outside of school hours:

- Parents will provide information to the School Nurse about their child's injury.
- Medical documentation should include when the student may return to school and any restrictions that need to be implemented while at school.

Management:

- The School Nurse will serve as an advocate for the student during the school day.
- Provide a quiet environment for brief rest periods as directed by the student's physician.
- Recognize the signs and symptoms and "red flags" indicating a change in the student's condition during the school day.



- Participate in interdisciplinary planning for management of student concussions.
- Maintain documentation of head injury in the student's health record.

Communication:

- The Nurse will notify the guidance department, Athletics, and other appropriate staff, including but not limited to classroom teachers, and physical education teachers
- Maintain communication with the student's parents and physician until resolution of concussive symptoms and full reentry in school, academics and athletics is achieved.

Education:

- The School Nurse will provide parent education about home care and the need for medical consultation and follow-up evaluation for a student with a concussion.
- The Nurse Leader will ensure that one educational session per year will be provided for teaching staff regarding the signs and symptoms of concussion expectations when a student returns to school after a concussion, possible behavioral issues, academic accommodations, etc.

Academic Accommodations:

Rest is necessary for the brain to heal. The goal for academic accommodations is to create an environment where the student's academics, homework and extracurricular activities do not cause an increase in symptoms and promote improvement of the concussive symptoms.

- Academic accommodations are provided only when ordered by the student's prescribing physician or neuropsychologist.
- The Nurse will notify the School Nurse Leader once the request is received from the student's prescribing physician.
- The School Nurse is responsible for frequent follow-up with the student's parents and/or prescribing physician.
- Academic accommodations are only provided during the time frame that the physician indicates.
- If a student's symptoms exceed the indicated time frame by the physician's initial assessment, a temporary 504 Plan or an amendment to an existing IEP should be considered.



APPENDIX C - PRE-PARTICIPATION HEAD INJURY REPORTING FORM



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

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

**Pre-Participation Head Injury/Concussion Reporting Form
for Extracurricular Athletic Activities**

This form should be completed by the student's parent(s) or legal guardian(s). Please submit this form 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.

Student Information

Student's name	Sex	Date of birth	Grade
School name	Sport(s)		
Home address	Phone number		

<p>Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____ If yes, when? Dates (month/year):</p>
<p>Has student ever received medical attention for a head injury? Yes _____ No _____ If yes, when? Dates (month/year):</p> <p>If yes, please describe the circumstances:</p>
<p>Was student diagnosed with a concussion? Yes _____ No _____ If yes, when? Dates (month/year):</p>
<p>How long did symptoms last for the most recent concussion? (i.e., headache, difficulty concentrating, fatigue)</p>



APPENDIX D – 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
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KATHLEEN E. WALSH
Secretary

KIMBERLEY DRISCOLL
Lieutenant Governor

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Post Sports-Related Head Injury Medical Clearance and Authorization Form

For students: Please have your medical care provider complete this form and return it to your Athletic Director, Athletic Trainer, or School Nurse.

Student Information

Student's name		Date of birth	Grade
Date of injury:		Other relevant diagnosis:	
Asymptomatic: Yes _____ No _____		Prior concussions (i.e., Number of concussions, approximate dates):	

Medical Provider Information

Practitioner's name:		Phone number:
Associated Hospital/Organization:		License number:
Type of Practitioner ¹ : <input type="checkbox"/> Physician <input type="checkbox"/> Licensed Athletic Trainer <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Neuropsychologist		
<input type="checkbox"/> I attest that I have received clinical training in post-traumatic head injury assessment and management that is approved by the Department of Public Health ² or have received equivalent training as part of my licensure or continuing education.		
Type of Training completed ³ : <input type="checkbox"/> CDC online clinician training <input type="checkbox"/> MDPH approved Clinical Training <input type="checkbox"/> Other (Please describe):		
Select one of the following: <input type="checkbox"/> I certify that the above named student is cleared to begin a gradual return to play protocol. ⁴ <input type="checkbox"/> I certify that the above named student has completed the necessary stages of a gradual return to play protocol ⁴ and is cleared for full activity without restriction.		

Practitioner's Signature: _____ Date: _____

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



For Medical Providers:

How to Use this Form and Guide a Conversation about Gradual Return to Play Protocol

1. To clear a student to begin a gradual return to play protocol, the student must be back in the classroom full-time without concussion-related academic accommodation(s). Do not clear the student to begin the gradual return to play protocol if they still require concussion-related academic accommodations. Ask the student:
 - About their experiences in the classroom before and after the concussion.
 - Whether or not they are still experiencing symptoms from the concussion while conducting school work.
2. To clear a student to return to full activity without restriction, verbally confirm that the student has complete stages 1-4 of the below gradual return to play protocol.⁵ Do not clear the student to return to full activity without restriction if they have not completed steps 1-4 below without the reoccurrence of concussion-related symptoms. Ask the student:
 - About their symptoms, thinking, and concentration skills at each stage described below.
 - About the exercises and drills specific to their sport in which they engaged at each stage.
3. The student should only move to the next stage if recurrence of symptoms did not occur. If symptoms return or persist, inform the athlete that they should go back to the previous asymptomatic level and attempt to progress again after being free of concussion-related symptoms for a further 24-hour period at the lower level.

Gradual Return to Play Protocol

Stage 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (low weight-moderate reps, no bench, no squats).

Stage 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and/or reduced weight from your typical routine).

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

Stage 4: Sports specific practice.

Stage 5: Full contact (if appropriate) in a controlled drill or practice. Physician or medical provider should sign the medical clearance form before full contact is practiced.

Stage 6: Return to competition.

¹ Licensed Athletic Trainer, Nurse Practitioner, Physician Assistant, and Neuropsychologist must work in consultation with a licensed physician to clear a student.

² MDPH approved Clinical Training options can be found at: [mass.gov/service-details/concussiontrainings](https://www.mass.gov/service-details/concussiontrainings). This form is not valid without attestation of clinical training.

³ Completion of this section is required for a student to be cleared to return to play.

⁴ See above for additional information about the stages of the gradual return to play protocol and use of this form.

⁵ Numbering and definitions of the stages of the protocol may vary by protocol and school policy.



APPENDIX E – REPORT OF HEAD INJURY DURING SPORTS SEASON



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

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Report of Head Injury During Sports Season Form

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 Information

Student's name	Sex	Date of birth	Grade
School name	Sport(s)		
Home address	Phone number		

Date of injury:	Did the incident take place during an extracurricular athletic 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: _____



APPENDIX F – PHYSICIAN’S HEAD INJURY EVALUATION COMMUNICATION FORM

Student Name: _____ Evaluation Date: ____/____/____

This form provides the School Nurse an updated status of a student who has suffered a head injury and possible concussion. The physician completing this form must select one of the options but may provide any of these options on their organization’s letterhead, provided necessary information is present as an equivalent. This form, or its equivalent, must be provided to the School Nurse upon the student returning to school.

Once a concussion is diagnosed, per 105 CMR 201.010 a student-athlete must complete a Graduated Return to Play Protocol before returning to athletic activities and the only form that provides clearance to return to participation in extracurricular activity is the most current version of the MA DPH Post Sports-Related Head Injury Medical Clearance and Authorization Form.

___ The student’s head injury did not involve a concussion and therefore may return to full competition and full contact activities. If this option is selected, please fill out the MA DPH Medical Clearance and Authorization Form, providing a different diagnosis (e.g. contusion, facial injury) for the head injury under the "Other Relevant Diagnosis" section to allow the student-athlete to return to extracurricular athletic activities.

___ The student has been diagnosed with a concussion and needs to return for further evaluation once symptom-free.

___ The student has been diagnosed with a concussion and, once symptom-free and off of academic accommodations, may complete a Graduated Return to Play Protocol with the school’s Nurse. Upon completing the RTP I will provide a copy of the MA DPH Medical Clearance and Authorization Form.

___ The student has been diagnosed with a concussion and, once symptom-free and off of academic accommodations, may complete a Graduated Return to Play Protocol with the school’s Nurse. Upon completing the RTP, I may complete the MA DPH Medical Clearance and Authorization Form.

Springfield Prep believes a student-athlete should be off academic accommodations before beginning a Graduated Return to Play Protocol, but if the physician completing this form feels it is not necessary to be off academic accommodations, please indicate this opinion in the "Other Notes" section below.

Recommended Re-Evaluation Date ____/____/____

Other Notes: _____

Physician’s Signature _____

Physician’s Printed Name _____

Physician’s Fax Number (_____) _____ - _____

Physician’s Phone Number (_____) _____ - _____