



BARNSTABLE PUBLIC SCHOOLS CONCUSSION PROTOCOL

This protocol is designed to provide 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 and Marching Band. It is effective upon date of approval by the Barnstable School Physician as indicated on page 3.

This protocol is established pursuant to Code of Massachusetts Regulations 105 CMR 201.000. All definitions used herein are as found in those regulations. The latest version of the regulations on effective date of this protocol is as of August 1, 2014; should the regulations be amended by the Massachusetts Department of Health after that date, any such amendments are incorporated automatically into this protocol. If any portion of this Protocol conflict with the regulations, now or hereafter, the regulations shall govern.

Section 1.

What is a concussion?

A concussion is a brain injury, and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works.

All concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. You can't see a concussion and in most sports/extracurricular activity, concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player/student reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

1. Headache.
2. Nausea/vomiting.
3. Balance problems or dizziness.
4. Double vision or changes in vision.
5. Sensitivity to light or sound/noise.
6. Feeling of sluggishness or fogginess.
7. Difficulty with concentration, short-term memory, and/or confusion.
8. Irritability or agitation.
9. Depression or anxiety.
10. Sleep disturbance

Signs observed by teammates, parents, band director, coaches, or others include:

1. Appears dazed, stunned, or disoriented.
2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or activity)
3. Exhibits difficulties with balance or coordination.
4. Answers questions slowly or inaccurately.
5. Loses consciousness.
6. Demonstrates behavior or personality changes.
7. Is unable to recall events prior to or after the hit.

Section 2. Education and Information for Parents/ Guardians/Students

Before the start of each sports or marching band season, a student/family will receive the following documents from the Athletic Director or Marching Band Director:

- A Fact Sheet for Athletes (Available from the CDC or equivalent)
- A Fact Sheet for Parents (Available from the CDC or equivalent)
- Massachusetts DPH Form **Pre-Participation Head Injury/Concussion Report**
- Massachusetts DPH Report Form **Report of a Head Injury During Sports**

Each student and family will complete a current Massachusetts DPH Form **Pre-Participation Head Injury/Concussion Report** each season, and submit it to the Athletic Office or Marching Band Director as appropriate. This form, signed by parent and student, will contain up to date medical history information of any past concussions or any head and neck injuries the student has received in the past. Should any forms indicate past injury, copies will go to the School Nurse(s), Licensed Athletic Trainer, and as appropriate School or Team Physician for review.

Section 3. Education and Information for Staff, students, and families:

The following personnel must yearly take and successfully complete a Massachusetts Department of Public Health approved **Sports Head Injury and Concussion Awareness** course. Certificates of completion requirements will be the responsibility of Athletic Office for sports, the Marching Band Director for marching band, and the District Nurse Leader for the School nurses.

- Coaches
- Licensed Athletic trainers
- Parent volunteers for any extracurricular athletic activity and marching band
- Physicians employed by the school or who volunteer for any extracurricular athletic activity
- School nurses
- Athletic Directors
- School marching band directors

Parents or legal guardians of students who *participate* in any extracurricular athletic activity including marching band, and the students themselves, are required by 105 CMR 201.007 to acknowledge in writing that they have read and understood DPH approved training materials on Sports Head Injury and Concussion Awareness.

The Athletic office or Marching Band Director will provide to Parents or legal guardians of children who *participate* in any extracurricular athletic activity or marching band activity the **Massachusetts Department of Public Health approved Sports Head Injury and Concussion Awareness course** information, in handout form.

Section 4. Reporting a Head Injury

During a school based athletic or marching band activity, any student athlete that has sustained or may have sustained a head injury must not return to any game that day and must not resume practice that day. The coach or licensed athletic trainer will complete the Massachusetts DPH Report Form **Report of a Head Injury During Sports**. The Athletic Trainer, Coach, or Marching Band Director will contact the parents of the student to verbally report the event and provide a copy to school nurses, school counselor and band director (if applicable) within the next school day. Should this injury occur outside of school hours during an athletic event and not at a Barnstable school, facility or field, the **Parent or Guardian** is responsible for completing the Massachusetts DPH Report Form **Report of a Head Injury During Sports**. This blank form will be provided to the student's family at the start of each sports or marching band season. A copy of the completed form will go to the athletic trainer, school nurse, counseling, and marching band director (if applicable). All athletes or marching band members will be evaluated by an appropriate health care provider as provided in the Regulations and this protocol, and be performing at their pre-injury academic level before their full return to any form of physical education, sport, or band activity.

Section 5. School Accommodation

A closed head injury may have profound effects on school performance and there will be students that will require accommodations in returning to their school schedules. The student's school counselor will be notified by the school nurse and/or athletic trainer of any closed head injury as noted by parent, health care provider, or coach. The school nurse will contact the student's physician to secure medication documentation recommending accommodations if that information was not already provided. For all students, should medical documentation suggest school accommodations and/or modifications to be considered, the school nurse will notify the student's School Concussion Management Team, (counselor, teachers, licensed athletic trainer, and band leader), with a copy of the recommendations.

A Post Concussion Graduated Re-entry Plan for Return to Academics form (or its equivalent), will be requested by the school nurse for the health care provider to complete if it is not sent in. The school nurse will then share with school counselor, athletic trainer, band leader, parents, and teachers, as appropriate.

Section 6. Guidelines for Returning to an Activity after a Concussion

The medical provider giving medical clearance for returning to play must use the MDPH Medical Clearance Form, "Post Sports-Related Head Injury Medical Clearance and Authorization Form", available on the MDPH website (www.mass.gov/dph/sportsconcussion), or a school based equivalent that includes the same information. The completed forms should be kept in the student's medical record in the school health office as well as the athletic department office.

All students at BHS must be cleared to return to play/practice by a licensed medical professional (physician, NP in consultation with a physician, licensed athletic trainer in consultation with a physician, neuropsychologist in coordination with a physician managing the student's recovery or physician assistant under the supervision of a licensed physician) after the graduated return to play has been completed. Sports activities include physical education class as well as sports practices and games:

- The student should be completely symptom free at rest and with physical (sprints, non-contact aerobic activity) and cognitive exertion (school work).
- Return to play should occur gradually
- Students should be monitored for symptoms and cognitive function during each stage of exertion, and should progress to the next level of exertion only if they are asymptomatic at the current level.

In a situation in which a student has been medically cleared but school staff has observed continuing symptoms, the school's medical personnel will make the final decision regarding a student's return to play. School staff should communicate to the physician or health care provider to allow for re-evaluation by the health care provider.

A health care provider as specified by the Regulations and this protocol will evaluate any student that has sustained or may have sustained a head injury. In cases of diagnosed concussion and when an approved Massachusetts DPH **Post-Sports Related Medical Clearance and Authorization form** is completed by an authorized provider, and the student is performing at their pre-injury academic level, a written, stepped, return to play plan will be created, outlining the progression for return to full athletic participation. The Post-Concussion Graduated Re-entry Plan for Return to Play will be used by athletics.

Approved by Kathryn Rudman, M.D., Barnstable School Physician

Signature: _____ **Date:** _____

Attachments:

- 1) Responsibility Lists

- 2) Pre-Participation Head Injury/Concussion Reporting form for Extracurricular Activities (Licensed Athletic Trainer)
- 3) Post-Concussion Graduated Re-entry Plan for Return to Academics (Physician or AT, School Nurse)
- 4) Post-Concussion Graduated Re-entry Plan for Return to Play (Licensed Athletic Trainer)
- 5) CDC Concussion Signs and Symptoms Checklist : Acute (School Nurse)
- 6) Post-Concussion Assessment Tool (School Nurse)
- 7) Concussion Fact Sheet: Post Concussion Symptoms in the Classroom (for staff)
- 8) MCAS Accommodations for Students Diagnosed with Concussion (for school counselor, staff)
- 9) School Nurse Concussion Letter to family

Pre-Participation Form (DPH Link)

http://www.mass.gov/Eeohhs2/docs/dph/com_health/injury/preparticipation_reporting_form.pdf

Report Form (DPH Link):

http://www.mass.gov/Eeohhs2/docs/dph/com_health/injury/in_season_report_form.pdf

Post Head Injury Report Form (DPH Link):

http://www.mass.gov/Eeohhs2/docs/dph/com_health/injury/posthead_injury_clearance_form.pdf

Attachment #1 Responsibility List

Responsibilities of the Athletic Director

- A. The Athletic Director shall participate in the development and biannual review of the policies and procedures required by 105 CMR 201.007 for the prevention and management of sports related head injuries within the school district or school.
- B. The Athletic Director shall be responsible for:
 - (1) Completing the annual educational training as required by 105 CMR 201.008;
 - (2) Ensuring that the training requirements for staff, parents, volunteers, coaches and student are met, recorded, and records are maintained in accord with 105 CMR 201.015; and
 - (3) Providing leadership to Athletic Department staff, and ensuring that each of them comply with all DPH regulations and with this Protocol, and in particular authorizing the licensed athletic trainer to carry out the Athletic Director's medical responsibilities under this Protocol and consistent with DPH regulations.

Responsibilities of the Licensed Athletic Trainer

- A. Ensuring that all students meet the physical examination requirements consistent with 105 CMR 200.000 prior to participation in any extracurricular athletic activity;
- B. Ensuring that all students participating in extracurricular athletic activities have completed and submitted the Department Pre-participation Form prior to participation each season;
- C. Ensuring that copies of the students' Department Pre-participation Form are distributed to the students' coach and/or band leader;
- C (1). Notify Head of High School Counseling and High School Nurses in writing or by e-mail of any athletes who have been evaluated as having a concussion.
- D. Ensuring that all Department Pre-participation Forms are reviewed and those positive for prior head injuries or those that raise questions regarding student health and safety are copied and provided to the school nurse, and school or team physician;
- E. Ensuring that the Department Report of Head Injury Form are copied and provided to the school nurse, and school or team physician for follow-up;
- F. Discouraging and prohibiting a student athlete 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.
- G. Identifying students with head injuries or suspected concussions that occur in play or practice, removing them from play, evaluating them, and if appropriate referring them to a physician or other approved health care provider.
- H. Require athletes with head injuries to follow up with Athletic Trainer daily.

Responsibilities of Coaches

Coaches shall be responsible for:

- A. Completing the annual educational training as required by 105 CMR 201.007;
- B. Reviewing Pre-participation Forms through licensed athletic trainer so as to identify students with concerns
- C. Ensuring through licensed athletic trainer that all students have submitted (a) updated physical examinations consistent with 105 CMR 200.00 and (b) completed Department Pre-participation Forms required by 105 CMR 201.009(B)(1) before participating in practice or extracurricular athletic activities;
- D. Teaching techniques aimed at minimizing sports-related head injury;

- E. Discouraging and prohibiting student athletes 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; and
- F. Identifying students with head injuries or suspected concussions that occur in play or practice, removing them from play, and referring them to the licensed athletic trainer or to emergency medical care as appropriate.
- G. Coaches are responsible for communicating promptly with the parent of any student removed from play as directed in 105 CMR 201.010(C) and (D).
- H. Coaches upon identification of students with head injuries or suspected concussion that occur in play or practice, shall complete a Department Report of Head Injury Form and transmit it to the Athletic Director, the parent, the certified athletic trainer, and the school nurse.

Responsibilities of Volunteers for extracurricular athletic activity

A. Volunteers shall be responsible for:

- (1) Completing the annual educational training as required by 105 CMR 201.008;
- (2) Teaching techniques aimed at minimizing sports-related head injury;
- (3) Discouraging and prohibiting student athletes 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; and

Responsibilities of the Marching Band Director:

- A. Completing the annual educational training as required by 105 CMR 201.008;
- B. Maintain MA DPH Form **Pre-Participation Head Injury/Concussion Report** for band members, and furnish a copy to school nurse.
- C. Teaching techniques aimed at minimizing head injuries;
- D. Discouraging and prohibiting students from engaging in any unreasonably dangerous techniques that endangers the health or safety of a student.
- E. Identifying students with head injuries or suspected concussions that occur in performance or practice, removing them from participation, and referring them to appropriate health care provider.
- F. Report the annual statistics to the District Nurse Leader to summarize and forward to the State of Massachusetts Board of Health as required by law.

Responsibilities of the District Nurse Leader:

- A. Complete the annual educational training as required by 105 CMR 201.008;
- B. Assure that all school nurses grades 6-12 or those school nurses who volunteer at extracurricular activities complete annually the educational training as required by 105 CMR 201.008; and provide to the District Nurse Leader a copy of the certificate of completion. All school nurses covering K-7th grades will be encouraged to also complete the educational training annually.
- C. Provide ongoing educational materials on head injury and concussion to teachers, staff and students, as requested.
- D. Reporting annual statistics to the State of Massachusetts Board of Health as required.

Responsibilities of the School Nurse:

- A. Complete the annual educational training as required by 105 CMR 201.008; and provide a copy of the certificate of completion to the District Nurse Leader. This is required for school nurses covering grades 6-12th, but school nurse K-7 will be encouraged to complete.
- B. Nurses will have access to all student **Pre-Participation Head Injury/Concussion Reports** or school-based equivalents which are online via the athletic office; and marching band leader will send copy of forms to nurse to put in student record.
- C. All head injury documentation will be noted in Alerts/Conditions in the health service computer program along with date(s) for all students.
- D. Participating in the graduated reentry planning meeting for students who have been diagnosed with a concussion to discuss any necessary accommodations or modifications with respect to academics, course requirements, homework, testing, scheduling and other aspects of school activities consistent with a graduated reentry plan for return to full academics. The school nurse will request from the health care provider the **Post-Concussion Graduated Reentry Plan for Return to Academics or its equivalent**, and will follow up with the student, as appropriate, to assess symptoms and progress. Nursing will notify physician of progress, as appropriate. Final clearance will be from primary provider for documentation of no further academic accommodations needed. As appropriate, nursing will share with counseling/guidance, athletic trainer, band director, parents and student's teachers as progress is made, and revise a care plan as needed.
- E. Monitoring recuperating students with head injuries during the school day as necessary, while providing ongoing feedback to the student's parent/guardian keeping the lines of communication open during the recovery process. A Post Concussion Assessment Tool may be utilized during the day as appropriate.
- F. Collaborating with students parent/guardian, primary care physician, teachers, school counselor, and licensed athletic trainer regarding adherence to the graduated reentry plan for return to full academic and extracurricular activities required by 105 CMR 201.010(E).
- G. Provide ongoing educational materials on head injury and concussion to teachers, staff and students, as requested.

During the school day if a student receives a bump, blow or jolt to the head or body they will be referred to the school nurse who will be responsible for:

- A. Observing the student for signs and symptoms of a concussion; use the Concussion Signs and Symptoms Checklist from CDC or equivalent.
- B. Notifying the parent/guardian that their child had an injury to the head, and recommend evaluation by their health care provider as indicated.
- C. Referring the student immediately to their primary care physician; activating EMS immediately if any deterioration in condition is noted during the assessment. The student should not return to sports or recreational activities on the day of the injury. Note: students must provide written documentation/medical orders from their primary care physician regarding a Post-Concussion Graduated Re-entry Plan for Return to Academics and physical activity (physical activity includes: Physical education class, recess, sports practices, and/or competitive play). In this case, school nurses will also notify school counselor and teachers.
- D. Informing the student's school counselor and teachers of the injury once concussion is confirmed, and instructing the teachers to return the student for follow-up evaluation if/when a child complains of any symptoms- physical, emotional and/or neurocognitive.

Responsibilities of School Counselor

- A. Maintain communication with licensed Athletic Trainer and School Nurses following disclosure of student's head injury or concussion.
- B. If counselor receives any documentation from student regarding their concussion, they can make a copy and send student with documentation directly to the nurse's office for follow up.
- C. Meet with the student suffering from concussion upon returning to school to assist with classroom modifications, transition to academics, and advocacy for injured student.
- D. Referrals for educational support or tutoring as necessary.

- E. Notify student's teachers of concussion and resources on academic accommodations. Share teacher Academic Modifications and let them know unless otherwise instructed they should be followed for 15 days.
- F. Maintain communication with parents, nursing, and teachers regarding student's progress.

Responsibilities of the Student/Parents

1. The Student and Parents will be directed by coaches and/or licensed athletic trainer to take and successfully complete a *Sports Head Injury and Concussion Awareness* course or written materials as provided in the Regulations, and to document the completion.
2. Complete the DPH Pre-Participation Head Injury/Concussion Report Form each season
3. Complete the DPH Report of a Head Injury during Sports report form, as given by coach or licensed athletic trainer.
4. Student will check in with the nurse a minimum of weekly while under care for their concussion.

Record Maintenance

- A. The school, consistent with any applicable state and federal law, shall maintain the following records for 3 years or at a minimum until the student graduates:
 - (1) Verifications of completion of annual training and receipt of materials;
 - (2) Department Pre-participation Forms;
 - (3) Department Report of Head Injury Forms;
 - (4) Department Medical Clearance and Authorization Forms; and
 - (5) Graduated re-entry plans for return to full academic and extracurricular activities.
- B. The school shall make these records available to the State of Massachusetts Board of Health and DESE upon request or in connection with any inspection or program review.

Reporting

Schools are responsible for maintaining and reporting annual statistics on a Department form or electronic format that at minimum report:

- A. The total number of Department Report of Head Injury Forms received by the school; and
 - B. The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities.
 - C. The District Nurse Leader will collect and summarize this information and forward it to the State of Massachusetts Board of Health as required by law annually.
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