

Nashoba Regional School District (NRSD)

Protocols for Head Injuries and Concussion in Extracurricular Athletics

The person responsible for implementing policies and protocols related to return to athletics is the Athletic Director. A concussion team, including athletic trainer, school nurse, and guidance counselor, in consultation with the student's parent(s)/guardian(s) and physician, will review student incidents of concussion and develop students' reentry plans, which include resumption of academics and athletics. These individuals will maintain regular communications of information regarding student status, limitations, and progression within reentry plan after concussion. The protocols will be reviewed and updated annually or as needed.

I. Training Program

Prior to student participation in extracurricular athletics each year, the NRSD Athletic Department will provide current training approved by the Massachusetts Department of Public Health (MDPH), written materials or a list of internet links for Department approved online courses. These will be available to all students and their parents, prior to students' participation. Annual training in the prevention and recognition of sports-related head injury, and associated health risks including second impact syndrome will also be completed by associated NRSD staff and individuals, including coaches, the certified athletic trainer, volunteers, school physician, school nurses, and the Athletic Director. Documentation of completion of this MDPH approved annual training will be maintained by the Athletic Director (See Addendum A).

Ongoing informational and educational opportunities related to the impact of concussion on learning and reentry plans for return to academics will be made available to teachers and staff on a regular, intermittent basis, when requested and as laws, regulations or protocols change.

II. Prerequisites for Student-Athletes

Documentation of a physical examination prior to a student's participation in extracurricular athletic activities will be reviewed by a NRSD nurse for eligibility. Prior to student start of athletic activities, the Athletic Director will distribute to parents the Nashoba Regional School District Athletics Participation Permission Form (See Addendum B) and the Nashoba Regional School District Athlete's Medical History Form (See Addendum C) will maintain a record of completed forms. Students and their parents/guardians must sign these forms prior to starting each seasonal extracurricular athletic activity. Following notification of team status, athletes will be expected to participate in a mandatory baseline ImPACT test as directed.

III. Reporting Head Injuries or Suspected Concussions

Athletic trainer and/or coaches will report head injuries and/or suspected head injuries to the school nurse, who in turn will share the information with the Athletic Director and the student's guidance counselor as soon as possible after the injury. For head injuries and suspected concussions, occurring during the school day and non-school sponsored activities, school nurse, guidance counselor, and other school staff will report to each other. Teachers will be notified when a medical diagnosis of concussion is confirmed.

IV. Assessment and Communication

- 1) Upon suspicion of a head injury, the coach or athletic trainer will remove student athlete from play and perform an assessment for signs and symptoms of concussion. Depending on the severity of symptoms, the coach or athletic trainer will activate EMS (for severe symptoms), keep the student out of play and notify parents/guardians (mild to moderate symptoms), or return to play (no signs or symptoms of concussion present).
- 2) The coach or athletic trainer will notify a parent/guardian immediately in person or by phone if student exhibits signs or symptoms of concussion; followed by information to parent/guardian in writing or electronically, by the next business day (201.010 C). Parents will be provided with two forms:
 - a) 'Report of Head Injury During Sports Season' form (See Addendum D) to be completed and signed by the coach, athletic trainer, or parent/guardian
 - b) 'Post Sports Related Head Injury Medical Clearance and Authorization' form (See Addendum E) to be completed and signed by a duly licensed physician; a certified athletic trainer in consultation with a licensed physician; a duly licensed nurse practitioner in consultation with a licensed physician; a duly licensed neuropsychologist in coordination with the physician managing the student's recovery (105 CMR 201.011)
- 3) The coach or designee communicates by the end of the next business day with the Athletic Director and the school nurse that the student has been removed from practice or competition for a head injury, suspected concussion, signs and symptoms of a concussion, or loss of consciousness (201.010 D).

V. Returning to Academics after Concussion

This protocol may be initiated by a notification from: 1) hospital personnel, 2) a student's primary care physician, 3) a student's parent/guardian, or 4) a local resource person (e.g. Brain Injury Consultant, TBI Mini-Team Member, coach, athletic trainer, etc).

The guidance counselor/nurse is notified that a student is returning to school following a documented concussion or mild brain injury.

1. Guidance counselor and/or nurse:
 - a. Gathers information from the nurse/physician regarding the student's injury, current condition, and prognosis.
 - b. Contacts the student's teacher(s) and informs them of the student's injury, discusses the possible consequences of concussion and the typical short-lived nature of these problems, and reviews the list of red flags (signs and symptoms of concussion).
 - c. Sends the Academic Rubric (See Addendum F) to all of the student's teachers
 - d. Interviews the student's classroom teacher(s) after the first day back in school and then again, with sufficient frequency to ensure that possible problems are identified immediately.
 - e. Enters an alert 'flag' on PowerSchool.
 - f. Notes in the student's cumulative file the occurrence of traumatic brain injury (TBI) for possible future reference.

VI. Returning to Athletics after Concussion

The student will provide two forms to the athletic trainer for review prior to athletic reentry: 1) Report of Head Injury During Sports Seasons Form (See Addendum D) completed and signed by the coach, athletic trainer, or parent/guardian; and 2) Post Sports Related Head Injury Medical Clearance and Authorization Form (See Addendum E) signed by a duly licensed physician; a certified athletic trainer in consultation with a licensed physician; a duly licensed nurse practitioner in consultation with a licensed physician; a duly licensed neuropsychologist in coordination with the physician managing the student's recovery (105 CMR 201.011). Athletes will be expected to participate in a mandatory post ImPACT test as directed by the Athletic Trainer.

The return to play decision may also involve the parents, school nurse, counselors, and teachers as appropriate.

The Return to Play Guidelines, which outlines a progressive stepped approach for gradual return to activity and steps to take if symptoms recur is available to parents and students on the NRSD Athletic website (<http://nrhs.nrsd.net/index.php?id=118>) (See Addendum G) .

Addendum A: Concussion Education Form

Fall Sport: _____ Winter Sport: _____ Spring Sport: _____

**Nashoba Regional School District
Department of Athletics**



STATE LAW REGARDING SPORTS-RELATED HEAD INJURY & CONCUSSIONS

The Commonwealth of Massachusetts Executive Office of Health and Human Services now requires that all schools subject to the Massachusetts Interscholastic Athletic Association (MIAA) rules adhere to the following law. Student-athletes and their parents, coaches, athletic directors, school nurses, and physicians must learn about the consequences of head injuries and concussions through training programs and written materials. ***The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season.*** If a student-athlete becomes unconscious, or suspected of having a concussion, during a game or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for “return to play.”

Parents, and students who plan to participate in any athletic program at Nashoba Regional High School, or in a Nashoba Regional School District middle school, must also take a free on-line course. Two free on-line courses are available and contain all the information required by the law. The first is available through the National Federation of High School Coaches (NFHS). You will need to click the “order here” button and complete a brief information form to register. At the end of the course, you will receive a certificate of completion. The entire course, including registration, can be completed in less than 30 minutes.

NFHS Concussion in Sports - What You Need To Know: <http://www.nfhslearn.com>

The second on-line course is available through the Centers of Disease Control and Prevention at www.cdc.gov/Concussion

Please sign below that you have read the above and completed one of the courses listed. This is required in order to participate on any athletic team at Nashoba Regional High School, or one of the district middle schools. Additional information about concussions can be found on the Nashoba Regional High School Athletics web site (<http://nrhs.nrsd.net/index.php?id=40>). Thank you!

Student-Athlete (**PRINT NAME**)

Grade

Student-Athlete Signature

Date

Parent/Guardian Signature

Date



Nashoba Regional School District

Athletics Participation Permission Form

Addendum B:

Student-Athlete Name: _____ Grade: _____

Date of Birth: _____ Sport: _____

Parent/Guardian Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: (____) _____ Alternate Phone: _____

Parent/Guardian
E-mail Address: _____

Emergency Contact 1 _____
Name Phone

Emergency Contact 2 _____
Name Phone

Have you ever had a physician diagnosed head injury/concussion? Yes or No How many times? _____
Briefly describe circumstances/duration of symptoms: _____

Approximate Dates: _____

USER FEE AGREEMENT

The Nashoba Regional School Committee has authorized the Department of Athletics to collect an Athletic Fee from each student-athlete. The fee for the **2011-2012** academic year is **\$150.00 per participant per season. There will be an additional fee for ice hockey and ski participants.** Financial assistance guidelines can be found on the high school athletics web page.

Please pay through the district **ONLINE PAYMENT SYSTEM** at <http://www.nrsd.net/index.php?id=212> OR make checks payable to: **NASHOBA REGIONAL HS ATHLETIC DEPARTMENT** and return CHECK OR FINANCIAL ASSISTANCE REQUEST with this form.

PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

Minor; do hereby consent to my child's participation in the above-named voluntary athletic program of the Nashoba Regional School District. I also agree to forever release the Nashoba Regional School District, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the voluntary athletic programs of the Nashoba Regional School District from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Nashoba Regional School District voluntary athletic programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation the Releasees in the Nashoba Regional School District's voluntary athletic programs.

I further affirm that I have read understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Nashoba Regional School District's athletic programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Nashoba Regional School District athletic programs.

By my signature, this is to certify that I have read and understand the *Nashoba Regional High School Student-Athlete/Parent Handbook* and agree to support all MIAA, school, team and athletic regulations.

I understand that the Athletic User Fee described above is **non-refundable** once my son / daughter are placed on the roster of an athletic team. The fee does not guarantee that the student-athlete will play in each contest. A student-athlete who does not make payment by the due date may not participate in practices or tryouts until the fee is paid.

I authorize the Athletic Director, Athletic Trainer or Coach to act for me according to their best judgment in an emergency requiring medical attention when they are unable to reach me.

Parent/Guardian Signature

Date

Student-Athlete Agreement

By my signature, this is to certify that I have read and understand the *Nashoba Regional High School Student-Athlete/Parent Handbook* and agree to support all MIAA, school, team and athletic regulations. At the conclusion of the season, I agree to return all school-issued equipment or pay the replacement cost for lost equipment or uniforms.

1/11/2012

Reviewed 11/26/13

Student-Athlete Signature

Date

Addendum C:

**Nashoba Regional School District
Athletes' Medical History Questionnaire**



Name (last, first)	Sport	Date	Office Use Only Clear Check Incomplete
Note: For pertinent safety reasons only, information on this form may be distributed to school staff including: the school nurse, coaches, the athletic director and the team physician unless directed otherwise.			

Y	N	Do you have any severe allergies to drugs, foods, insects etc.? Please use space to describe if "yes": ex. if you use an epi-pen? Do you carry it with you?
Y	N	Are you currently taking any medications or have conditions that you would want EMS/emergency personnel to know about? Please use space to describe:
Y	N	Have you been diagnosed with severe asthma? Are you taking medication for it? Please list: <i>Feel free to leave extra medication with the school nurse or the athletic trainer if you wish.</i>
Y	N	Do you currently take supplements, or nutritional aides? Please describe:
Y	N	Have you ever been diagnosed by a medical professional with head injury or concussion? Please briefly describe the mechanisms, dates, and length of recovery.
Y	N	Have you ever experience a traumatic blow to the head that was not evaluated by a medical professional?
Y	N	Do you have a neck or spine injury? Explain:
Y	N	Have you ever been hospitalized for major surgery of any type? (Include dates)
Y	N	Do you have a history of repeated bone, joint or muscle injuries? If yes, please describe:
Y	N	Have you had repeated stingers, burners, or pinched nerves?
Y	N	Do you often suffer from heat illness, exhaustion or heat stroke?
Y	N	Do you cramp often during exercise?
Y	N	Have you ever been dizzy passed out during or after exercise?
Y	N	Have you ever been diagnosed with a heart murmur or high blood pressure?
Y	N	Have you ever had chest pains and shortness of breath during or after exercising?
Y	N	Has a family member or relative died of heart problems or of sudden death before age 50?
Y	N	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
Y	N	Do you have any other health issues that would place you at risk of serious injury while participating in sports, including anemia or other blood disorders?
Y	N	Has your health status changed since your last sport season? If yes describe if necessary:
Y	N	Since your last sport season, have you experienced a major illness or injury? Are you currently ill or ailing in any way?
Y	N	Have you been diagnosed with a head injury or concussion in between your sport seasons? Please describe:
Y	N	Do you know of, or believe, there is any health reason why you should not participate in athletics?
Y	N	Is any of the above information different than the last time you filled this form out?

"I, the undersigned HEREBY STATE THAT, TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT." Please be sure to have both parties sign below:

Athlete Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

If you have a question or concern that you do not wish to disclose via this form, please feel free to email Donald Napolitan, Athletic Trainer, at dnapolitan@nrsd.net. If you check this box: I'll find you.

Addendum D: Report of Head Injury During Sports Season



NASHOBA

Regional School District

REPORT OF HEAD INJURY DURING SPORTS SEASON

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

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

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

Student's Name	Sex	DOB	Grade
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School	Sport(s)
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Home Address	Telephone #
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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 Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____ Date _____

Addendum E: Post Sports Related Head Injury Medical Clearance and Authorization



NASHOBA

Regional School District

**POST SPORTS-RELATED HEAD INJURY
MEDICAL CLEARANCE AND AUTHORIZATION FORM**

After a head injury or suspected concussion and before resuming the extracurricular athletic activity, the student shall submit this form to the Athletic Director or staff member designated by the school. ***The student must be completely symptom free prior to returning to extracurricular athletic activities.*** This form may only be completed by: a duly licensed physician; a certified athletic trainer in consultation with a licensed physician; a duly licensed nurse practitioner in consultation with a licensed physician; a duly licensed neuropsychologist in coordination with the physician managing the student’s recovery.

Student’s Name	Sex	DOB	Grade
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School	Sport(s)
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Date of injury: _____

Nature and extent of injury: _____

Symptoms (check all that apply):

- Nausea or vomiting _____
- Headaches _____
- Light/noise sensitivity _____
- Dizziness/Balance problems _____
- Double/blurry vision _____
- Fatigue _____
- Feeling sluggish/”in a fog” _____
- Change in sleep patterns _____
- Memory problems _____
- Difficulty concentrating _____
- Irritability/Emotional ups and downs _____
- Withdrawn _____
- Other _____

Duration of Symptom(s): _____

Diagnosis: ___ Concussion ___ Other (describe): _____

POST SPORTS-RELATED HEAD INJURY MEDICAL CLEARANCE AND AUTHORIZATION FORM (Page 2)

Date Student was determined to be *completely symptom free*: _____

Graduated return to play instructions or associated limitations to the student's participation in extracurricular athletic activities: _____

Medical management instructions, including recommendations regarding modification of school attendance and/or academic work while the student is recovering: _____

Home management instructions: _____

Name of Licensee: _____

Physician Certified Athletic Trainer Nurse Practitioner Neuropsychologist

Licensee's Address: _____

Licensee's Phone: _____

Name of physician providing consultation or coordination (if not the person completing this form): _____

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

Name of Physician or Practitioner (please print): _____

Signature: _____ Date: _____

Addendum F: Academic Rubric

<u>Stage</u>	<u>Key Ideas</u>	<u>Expected Duration</u>	<u>Teacher's Actions</u>	<u>Student's Actions</u>
Red	Complete rest	Medical clearance	<ul style="list-style-type: none"> • Guidance counselor contacts teachers • Explanation of assessments used and possible timing of movement from stage to stage • Communication from school to home 	<ul style="list-style-type: none"> • Out of school • Strict limits on computer, TV, texting, and cell phone
Orange	Recovering cellular health. Significant deficits in processing and concentration	Medical clearance	<p>Goal: Student should have minimum work necessary when they transition to yellow phase:</p> <ul style="list-style-type: none"> • Three categories of assignments: <ol style="list-style-type: none"> 1. Excused: Not to be made up 2. Accountable: Responsible for content, not process. May be notes or work shared by a classmate, or may be covered by a broader assignment, such as a review sheet. 3. Responsible: Must be completed by student, likely for a grade, when they transition to yellow stage. • Find a classmate who is willing to share work (academic partner) • School to home communication. Parents and student must understand the three categories • No assessments or homework during this time period • Access to nurse 	<ul style="list-style-type: none"> • In school part time • When present, observing, not participating • Communicate with teacher about progress and problems • Get copies of work from academic partner • Be patient with slow recovery, but get as much possible out of time spent in class
Yellow	Gradual increase of time and energy as resuming normal workload	Medical clearance	<ul style="list-style-type: none"> • Support student in making up most important school work with deadlines agreed-upon in writing • Continue to keep lists of the three categories of assignments until all make-up work is completed • Untimed tests • Reader/transcriber for tests • Decrease work load if symptoms appear • Limit to one assessment per day • Meeting between school and parent/student 	<ul style="list-style-type: none"> • In school full time • Clear communication with teacher on what needs to be done, when, and how to prioritize • Communication with parents and teacher on pace or recovery and make-up work
Green	Complete resumption of normal activities	Medical clearance	<ul style="list-style-type: none"> • Monitor completion of make-up work • School to home communication when student is caught up and working at same pace as classmates • Inform guidance when term grades have been updated • Recognize that returning students often do better in the morning, as well as the fact they may be able to perform some tasks better 	<ul style="list-style-type: none"> • Resume all normal activities

			than others.	
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Addendum G: Return to Play Guidelines

Once the recovery process has started the following progressive rehabilitation process, run and monitored by the athletic trainer, will ensue. An athlete cannot progress to the next stage until they can complete the current stage symptom free. Each stage is a 24hr period.

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6	Stage 7
No activity	Light Aerobic Exercise: HR <70%	Medium Aerobic Exercise: change of direction	Sport specific drills	Light, non contact drills Progressive resistance training	Full contact practice	Game ready
Cognitive and physical rest	1. 30 push ups, 30 situps, wait 3 minutes	1. turn & run	Must have a clear ImPACT test if not already.			
Academic accommodations made if necessary	2. Stationary bike 10 min, wait 3 minutes	2. get & and run				
	3. walk/jog 10 minutes, wait 3 minutes.	3. go-stop-go				
May be able to read plays, study film, do the book IF they remain symptom free while doing so	4. 30 squat jumps, wait 3 minutes.	4. dot drill etc.				