

Springfield Public Schools



CONCUSSION POLICY

Approved by School Committee

December 1, 2011

Springfield Public Schools
Head Injuries and Concussions in Extracurricular Athletic Activities Policy

Purpose

The purpose of the Head Injuries and Concussions in Extracurricular Athletic Activities Policy (“Policy”) is to provide standardized procedures for the District governing the prevention, training, management and return to activity decisions relating to middle school or high school students participating in extracurricular athletic activities and to comply with the obligations of the Springfield Public School District (“District”) under Massachusetts regulations, 105 CMR 201.000: Head Injuries and Concussions in Extracurricular Athletic Activities (“Regulations”).

School Policies

This Policy addresses sports-related head injuries sustained by middle school or high school student athletes who participated in extracurricular athletic activities as defined by the Regulations.

- (1) The Athletic Director or other designated school administrator shall be responsible for the implementation of this Policy, including:
 - (a) Annual Training approved by the Department of Public Health (“DPH”) of coaches, certified athletic trainers, trainers, volunteers, school nurses and Athletic Director to teach form, techniques, and skills and promote protective equipment use to minimize sports-related head injury.
 - (b) Record keeping at each middle or high school of the following records for three years or until the student athlete graduates:
 - (i) Verification of completion of annual training and receipt of materials
 - (ii) Currently approved DPH’s Pre-participation Form (copy attached)
 - (iii) Currently approved DPH’s Report of Head Injury Form (copy attached)
 - (iv) Currently approved DPH’s Medical Clearance and Authorization Form (copy attached)
 - (v) Graduated reentry plans for return to full academic and extracurricular athletic activities.
 - (c) Report of annual statistics of the total number of Report of Head Injury Forms received by each middle or high school and the total number of student athletes with diagnosed or suspected head injuries that occurred during extracurricular athletic activities
 - (d) Policy review biannually and as needed
- (2) Management of Suspected Head Injury/Concussion
 - (a) Emergency Referral/Exclusion from Play
 - (b) Return to Play/Return to Academics
- (3) Information regarding this Policy will be available in student and parent handbooks.

- (4) Penalties for failure to comply with provisions of this Policy include but are not limited to, personnel discipline or forfeiture of games.

School Procedures

A. Training Program

Prior to participating in middle school or high school sports, the following persons shall annually complete one of the head injury safety training programs approved by DPH: coaches, certified athletic trainers, trainers, volunteers, school physician, school nurses, athletic directors, marching band directors, student athletes and parents/guardians of student athletes. Guidance counselors, physical education teachers, classroom teachers or other school personnel may also elect to complete the DPH approved head injury safety training programs.

- (1) The DPH approved written training materials are available in English and Spanish. At the request of a student athlete's parent/guardian, the District will provide written training materials in the language of the student athlete's parent/guardian.
- (2) Education training is required for student athletes and parents/guardians of student athletes before they are allowed to practice. The District shall provide to the student athletes and their parent/guardian access to DPH approved on-line or written courses.
- (3) Annually, each middle school or high school will maintain a record of training completion for all persons specified by the Regulations through any one of the following:
 - (a) a certification of completion from a DPH approved on-line course
 - (b) a signed acknowledgment that the individual has read and understands the DPH-approved written materials
 - (c) an attendance roster from a session of DPH approved training
- (4) If the student athlete returned completed forms regarding training and the parent/guardian of the student athlete did not return completed forms required for student athletes to participate in extracurricular athletic activities, the District will contact the parent/guardian to request the required forms.

B. Documentation and Review of Head Injury and Concussion History and Forms

- (1) Before the start of every sports season, the student athlete and the parent/guardian shall complete and submit a current Pre-participation Form. Report of Head Injury Form will be included in sport clearance forms to be provided to the parent/guardian.
- (2) Documentation of one physical examination per year is sufficient for student athletes participating in multiple sports seasons.
- (3) If the student athlete sustains a head injury or concussion during the season, but not while participating in an extracurricular athletic activity, the parent/guardian shall complete the Report of Head Injury Form and submit it to the coach.
- (4) Prior to each sports season's first practice, coaches shall review all Pre-participation Forms and Report of Head Injury Forms in order to identify student athletes who are at greater risk of repeated head injuries.

- (5) Prior to each sports season's first practice, the school nurse shall review all Pre-participation Forms and Report of Head Injury Forms which indicate a history of head injury.
- (6) The certified athletic trainer shall timely review accurate, updated information regarding each student athlete who has reported a history of head injury or a head injury during the sports season.
- (7) The District may use a student athlete's history of head injury or concussion as a factor to determine degree of participation and/or specific conditions or modifications of participation in an extracurricular athletic activity.

C. Emergency Referral/Exclusion from Play

- (1) Any student athlete, who during a practice or competition, sustains a head injury or suspected concussion, exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, shall be removed from the practice or competition immediately and may not return to the practice or competition that day.
- (2) Any student athlete will be transported to the nearest medical facility by EMS if any of the following signs and/or symptoms are noted:
 - (a) Loss of consciousness
 - (b) Unsteady gait
 - (c) Decreasing level of consciousness
 - (d) Abnormally unequal, dilated or unreactive pupils
 - (e) Any signs of associated with neck/spine or skull injuries
 - (f) Mental status changes—lethargy, confusion, agitation
 - (g) Weakness or numbness
 - (h) Slurring of speech
 - (i) Headache that worsen over time
 - (j) Nausea or vomiting
- (3) Return to practice or competition requires the student athlete to provide an updated Medical Clearance and Authorization Form.
- (4) The coach or his or her designee shall communicate the nature of the injury directly to the parent/guardian in person or by phone immediately after the practice or competition in which a student athlete has been removed from play for a head injury, suspected concussion, signs and symptoms of a concussion or loss of consciousness. The coach also must provide the injury to the parent/guardian in writing by the end of the next business day.
- (5) The coach or his or her designee shall communicate, by the end of the next business day, with the Athletic Director and school nurse that the student athlete has been removed from practice or competition for a head injury, suspected concussion, signs or symptoms of a concussion or loss of consciousness.
- (6) The coach or his or her designee shall complete a Report of Head Injury Form upon identification of a student athlete with a head injury or suspected concussion that occurs during practice or competition.

D. Medical Clearance and Authorization to Return to Play

- (1) Each student athlete who has been removed from practice or competition for a head injury or suspected concussion, or loses consciousness, even briefly, or exhibits signs and symptoms of a concussion, shall obtain and present to the Athletic Director, a DPH's approved Medical Clearance and Authorization Form prior to resuming the extracurricular activity.
- (2) Only a duly licensed physician, a duly licensed certified athletic trainer in consultation with a duly licensed physician, a duly licensed nurse practitioner in consultation with a licensed physician, or duly licensed neuropsychologist in coordination with the student athlete's physician managing the student athlete's recovery, may complete a Medical Clearance and Authorization Form authorizing a student to return to play an extracurricular athletic activity.
- (3) By September 2013, the providers listed in paragraph 2 in this section, shall verify to the District that they have received DPH approved training in post traumatic head injury assessment and management or an equivalent training under their licensure or continuing education.

E. Responsibilities of the Coach or his or her designee

- (1) Complete the annual training required in section A, above.
- (2) Review and prompt transmission of Pre-participation Forms to the school nurse for review and copy for student athlete's health record.
- (3) Complete a Report of Head Injury Form upon identification of a student athlete with a head injury or suspected concussion that occurs during practice or competition.
- (4) Receive and review forms completed by a parent/guardian which report a head injury during the sports season, but outside of an extracurricular athletic activity.
- (5) Education of techniques aimed at minimizing sports-related head injuries.
- (6) Discourage and prohibit student athletes from engaging in unreasonably dangerous athletic techniques that endangers the health or safety of a student athlete.
- (7) Identify student athletes with suspected head injuries which occur in practice or competition and remove them from play.
- (8) Promptly communicate with the parent/guardian, athletic director and school nurse of any student athlete who is removed from practice or competition for a head injury, suspected concussion, signs and symptoms of a concussion or loss of consciousness.

F. Responsibilities of the Certified Athletic Trainers

- (1) Complete the annual training required in Section A, above.
- (2) Participate in the biannual review of this Policy.
- (3) Review information from Pre-participation Forms, which indicate a history of head injury and from Report of Head Injury Forms to identify student athletes who are at greater risk for repeated head injuries.
- (4) Identify student athletes with suspected head injuries which occur in practice or competition and remove them from play.

- (5) Participate, if available, in the graduated reentry planning and implementation for student athletes who have been diagnosed with a concussion or head injury.

G. Responsibilities of the School Nurse

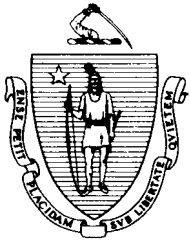
- (1) Complete the annual training required in Section A, above.
- (2) Participate in the biannual review of this Policy.
- (3) Review information from Pre-participation Forms, which indicate a history of head injury and from Report of Head Injury Forms to identify student athletes who are at greater risk for repeated head injuries.
- (4) Maintain the following forms in the health record: Pre-participation Forms, Report of Head Injury Forms and Medical Clearance and Authorization Form.
- (5) Participate in the graduated reentry plan for student athletes who have been diagnosed with a concussion or head injury to discuss any necessary accommodations or modifications with respect to academics and other aspects of school activities and revise the health care plan as needed.
- (6) Monitor recuperating student athletes with head injuries and collaborate with teachers, staff and student athlete to ensure that the graduated reentry plan for return to full academic and extracurricular athletic activities is being followed.
- (7) Provide ongoing educational materials on head injury and concussion to teachers, staff and student athletes.

H. Graduated Reentry Plan

Each student athlete who is removed from practice or competition and subsequently diagnosed with a concussion or head injury shall have a written graduated reentry plan for return to full academic activities and extracurricular athletic activities. The student athlete must be completely symptom free and medically cleared as required in Section D, above, in order to begin graduated reentry to extracurricular athletic activities.

- (1) The written graduated reentry plan shall be developed by the guidance counselor, in collaboration with the student's teachers, school nurse, certified athletic trainer, parent/guardian, student's physician involved with student athlete, members of the building-based student support team or individualized education program team as appropriate.
- (2) The plan shall include instructions for students, parents/guardians and school personnel, addressing but not be limited to:
 - (a) Physical and cognitive rest as appropriate
 - (b) Graduated return to extracurricular athletic activities and classroom studies as appropriate including accommodations and modifications to extracurricular athletic activities and classroom studies, as needed;
 - (c) Estimated time intervals for resumption of activities;
 - (d) Frequency of assessments by the school nurse, school physician, certified athletic trainer, until full return to classroom activities and extracurricular athletic activities are authorized; and

- (e) A plan for communication and coordination between school personnel, the parent/guardian, and the student athlete's physician who is managing the student's recovery.
- (3) Information concerning a student athlete's history of head injury and concussion, recuperation, graduated reentry plan, and authorization to return to play and academic activities shall be shared with the Athletic Director and the student athlete's coach, certified athletic trainer, school nurse, guidance counselor, and teachers. The student athlete's teacher shall be provided with signs and symptoms of a concussion. Information concerning a student athlete's graduated reentry plan may be shared with other school personnel on a need to know basis consistent with the District's obligations under federal and state law including but not limited to Massachusetts Student Records Regulations, 603 CMR 23.00, and the Federal Family Rights and Privacy Act Regulations, 34 CFR Part 99.



The Commonwealth of Massachusetts
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 Department of Public Health
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COMMISSIONER

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

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

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

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

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

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

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

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes _____ No _____

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

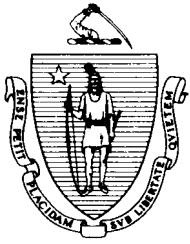
Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Parent/Guardian:

Name: _____ Signature/Date _____
 (Please print)

Student Athlete:

Signature/Date _____



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**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	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Did the incident take place during an extracurricular activity? ____ Yes ____ No

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? yes ____ no ____

If yes, was a concussion diagnosed? yes ____ no ____

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

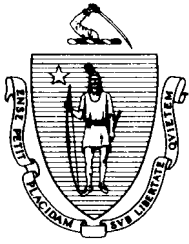
Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____



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**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	Date of Birth	Grade
School		Sport (s)	

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): _____

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: _____