

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 activities¹ including, but not limited to, interscholastic sports, in order to protect their health and safety as required by Massachusetts law and regulations. The requirements of the law apply to all public middle and high schools, however configured, serving grades six through high school graduation. In addition to any training required by law, the following persons shall complete one of the head injury safety training programs approved by the Massachusetts Department of Public Health (DPH) as found on its website: coaches; licensed athletic trainers; volunteers; school and team physicians; school nurses; athletic directors; directors responsible for a school marching band; and students who participate in an extracurricular activity and their parents.

Upon the adoption of this policy by the School Committee, the Superintendent shall ensure that DPH receives an affirmation on school district letterhead that the district has developed policies and the School Committee has adopted a final policy in accordance with law. This affirmation shall be updated by September 30, 2013 and every two years thereafter upon review or revision of its policies.

The Superintendent shall maintain or cause to be maintained complete and accurate records of the district's compliance with the requirements of the Concussion Law, and shall maintain the following records for three years or, at a minimum, until the 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.

¹ Extracurricular Athletic Activity means an organized school sponsored athletic activity generally occurring outside of school instructional hours under the direction of a coach, athletic director or marching band leader including, but not limited to, Alpine and Nordic skiing and snowboarding, baseball, basketball, cheer leading, cross country track, fencing, field hockey, football, golf, gymnastics, horseback riding, ice hockey, lacrosse, marching band, rifle, rugby, soccer, skating, softball, squash, swimming and diving, tennis, track (indoor and outdoor), ultimate frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be extracurricular athletic activities.

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 his act or omission.

Most 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 high school 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 Department of Public Health 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 concussed athletes who return to play before their brain has healed are highly vulnerable to more prolonged post-concussion syndrome or, in rare cases, a catastrophic neurological injury known as Second Impact Syndrome.

The following protocol (JJIF-R) will 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. Lastly, this policy will discuss the importance of education for our athletes, coaches and parents and other persons required by law.

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 athletic department as well as by 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 school committee and given to athletic staff, including coaches and other school personnel in writing. An accurate synopsis of this policy shall be placed in the student and faculty handbooks.

LEGAL REFS.: M.G.L. 111:222; 105 CMR 201.000

STUDENT CONCUSSION REGULATIONS

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Section I – Implementation:

King Philip Regional High School administration designated the athletic director as being responsible for overseeing the development, implementation and revision of all policies, procedures and protocols regarding the school systems management of head injuries and concussions in all extracurricular athletic activities in accordance with 105 CMR 201.006(A)(1). The athletic director, coaches, licensed athletic trainers, and school nurses, whether employed directly by the school or through contracted means shall be responsible for all duties and responsibilities outlined in this policy and appendices.

Section II – Concussion and Head Injury Information:

A concussion is a type of traumatic brain injury induced by biomechanical forces. The forces can create chemical changes in the brain, sometimes damaging brain cells at a microscopic level in which cell structures and membranes are torn and stretched and occasionally in combination with restricted blood flow to those damaged structures. A concussion can cause immediate, but temporary, impairment of neurological functions, such as thinking, vision, equilibrium, and consciousness. Concussions may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies. Concussions are difficult to diagnose as they can present in a myriad of combinations of different signs and symptoms; a student with a suspected concussion must obtain approval by a licensed medical professional before returning to play.

Subsection A – 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 move around or twist within the skull may cause a concussion. A bump, blow, or jolt to the head or body can be caused by either direct or indirect 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, in athletics, another athlete's helmet, a ball, or athletic 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 site 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 students can receive the appropriate care.

Subsection B – Signs and Symptoms:

After sustaining a head injury, a student may suffer from a variety of signs and symptoms including, but not limited to:

Signs (any objective evidence that can be observed):

- 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)
- Vacant stare/ glassy eyed
- Inappropriate emotions

Symptoms (any subjective evidence reported by student):

- Headache
- "Pressure in head"
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like "in a fog"
- "Don't feel right"

- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- Trouble falling asleep
- More emotional
- Irritability
- Sadness
- Nervous or Anxious

If any of the 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 must be removed from participation immediately and not allowed to return until evaluated by an appropriate licensed medical professional.

Subsection C – Post-Concussion Syndrome:

Recovery from a diagnosed concussion can be expected in the majority of cases, but a subset can continue to report persisting somatic, cognitive, emotional, and/or behavioral problems, generally that may persist for any duration lasting from a few weeks to a few months, and potentially even lasting up to a full year or longer. After any head injury that results in a concussion, a person experiences Post-Concussion Syndrome until their neurocognitive function returns to their own pre-injury level of function. Student-athletes who are still suffering from signs and symptoms of Post-Concussion Syndrome are not ready to attend or return to extracurricular activities. Signs and symptoms of Post-Concussion Syndrome include, but are not limited to, those signs and symptoms listed above as well as:

- Behavioral changes
- Decreases in academic performance
- Depression
- Difficulty in coping with daily stress
- Eating and sleeping disorders
- Frustration
- Tinnitus, or “ringing in the ears”
- Visual disturbances

Student-athletes who are suffering from Post-Concussion Syndrome should try to avoid activities and stimuli that would provoke and/or exacerbate signs and symptoms, potentially prolonging recovery and returning to their pre-injury level of neurocognitive function.

Subsection D – Second Impact Syndrome:

Any student-athlete who has returned to participation after a concussion should be watched carefully, even if they have had an appropriate recovery period and completed a graduated return to participation protocol. Second impact syndrome, or repetitive head injury syndrome, describes a condition in which an individual experiences a second head injury before complete recovery

from an initial head injury. Second impact syndrome has gained increased attention as many cite student-athletes sustaining a concussion and returning to the sport early as being particularly at risk. Though it is a relatively rare condition, physicians should be aware of second impact syndrome, and educate patients who have experienced or are at risk of experiencing a head injury, as the syndrome is often deadly.

While the causes of a concussion are generally understood, the etiology of a second impact syndrome is not well known. The generally accepted cause relates to sustaining a second concussion before the brain has a chance to recover from the initial insult fully. The second concussion may be the result of either a direct blow to the head or a blow to the body and the forces transmitted to the head. The athlete will rapidly develop altered mental status and a loss of consciousness within seconds to minutes of the second hit resulting in catastrophic neurological injury.

At this point, prevention seems to be the most logical answer to deter the chance for a second impact syndrome. Parent(s)/guardian(s) and student-athletes should be educated on the potential complications of a concussion, symptoms, and an expected time course for recovery. Included in this would be discussing the potential problems related to returning to play too soon, including prolonged recovery, persistent symptoms, and a second impact syndrome. Encouragement from parents/guardians and coaches will help the athlete to avoid minimizing symptoms and from returning to play too soon.

Section III – Annual Training and Concussion Education:

With each academic year and required per 105 CMR 201.007, all athletic directors, coaches, licensed athletic trainers, volunteers, school and team physicians, school nurses, band instructors, parent(s)/guardian(s) of a student who participates in an extracurricular activity, and students who participates in an extracurricular activity across Massachusetts must participate in a head injury safety training approved by the Massachusetts Department of Public Health as found on the Department's website. Each required party must provide affirmation or certificates of completion to the athletic director, unless otherwise stated in the Student Concussion Regulations.

Section IV – Pre-Participation Requirements:

Before a student-athlete participates in an extracurricular activity, pre-participation requirement must be submitted to the Athletic Department on their behalf. These requirements include, but are not limited to:

1. Pre-Participation Physical Exam.
 - A. Documentation of a physical examination prior to a student's participation in any extracurricular athletic or marching band activity must be completed annually, consistent with 105 CMR 200.100 (B)(3), Physical Examination of School Children, and will be placed in the student's health record file as kept by the school nurse.
 - B. Every student athlete must be separately and carefully examined by a duly licensed physician, nurse practitioner or physician assistant, prior to a student's participation in competitive athletics, on an annual basis consistent with 105 CMR 200.100(B)(3). The

- completed and signed copy of the medical clearance form should be mailed, faxed or hand-delivered to either the school nurse or athletic office.
- C. In compliance with MIAA policy, King Philip Regional High School accepts physical examinations completed within 13 months, to the date, to allow for insurance coverage.
 - D. No student athlete will be allowed to participate in athletic activities until all forms, including annual physical examinations, are signed and submitted.
2. Pre-Participation Head Injury/Concussion Reporting for Extracurricular Activities.
- A. Prior to participation in extracurricular activities, students and parents must complete the school-based equivalent of the Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities, regarding an athlete's history of head injuries and concussions. This form must be completed and signed by both the parent/guardian and the student in accordance with 105 CMR 201.006(A)(4).
3. Baseline Neuropsychological/Neurocognitive assessment, such as the **Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)** developed by ImPACT Applications, Inc., or other baseline neuropsychological/neurocognitive assessment accepted by the school.
- A. The student must complete this requirement prior to the beginning of their sport/event season every two years, typically in their freshman and junior years. If a student posts scores below the norm, the student will be re-tested. Students cannot begin participation until a valid baseline score is obtained.
4. Ongoing requirements include, but are not limited to:
- A. Parents/guardians must update and inform the coach, athletic director, and licensed athletic trainer if any medical information changes after pre-participation forms have been submitted.

Section V – Medical Documentation Review Process:

Information on pre-participation forms and documentation will be maintained by the school and reviewed by the school nurse, licensed athletic trainer, and school or team physician, as appropriate. Pertinent information will be relayed to the student's coach or band director on a need to know basis. Clearance to participate in extracurricular activities will be made by the physician who has completed the students' pre-participation physical. Based upon this review, and after consultation with the student's physician, appropriate school athletic staff, school medical staff, and the parent, the school may use a student's history of head injury or concussion as a factor to determine whether to allow the student to participate in an extracurricular athletic activity or marching band activity, and whether to allow such participation under specific conditions or modifications.

1. In the event of an in-season head injury, the school nurse, licensed athletic trainer, and school or team physician, as appropriate, will review the **Massachusetts Department of Public Health Report of Head Injury Form** (herein after "**Report of Head Injury**")

Form”). Based on the information provided, the healthcare professionals will determine the best course of action for the student-athlete.

Section VI – Management and Referral Guidelines:

After a student-athlete sustains a head injury immediately suspected of being a concussion in competition or during practice, the student-athlete must be removed from participation. The student-athlete must be evaluated by a licensed athletic trainer, a physician providing sideline coverage in support of a licensed athletic trainer, or by a coach when a licensed athletic trainer is not available. The evaluator shall use an assessment tool that is based on the most up-to-date medical information and recommendations and appropriate for their position.

1. In the event that a student-athlete loses consciousness for any reason during competition or practice, the licensed athletic trainer will start the Emergency Action Plan (EAP) and ensure that Emergency Medical Services (EMS) have been contacted.
 - A. If the licensed athletic trainer is not available, the coach should immediately contact EMS and begin the EAP.
2. Any student who is removed from the competition or event and begins to develop signs and symptoms indicating 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, but are not limited to:
 - 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. Worsening Post-Concussion symptoms (as listed in Section II)
3. Any student who is symptomatic but does not show signs or report symptoms indicating a worsening head injury is allowed to go home with his/her parent(s)/guardian(s) and is to follow up with the student’s Primary Care Physician.

- A. If the head injury occurs at a game, event, or practice, the licensed athletic trainer will notify the student's parent(s)/guardian(s) during or immediately after the evaluation. The licensed athletic trainer will release the student into the care of their parent(s)/guardian(s) after explaining the findings of the licensed athletic trainer's evaluation and signing the area provided on the licensed athletic trainer's evaluation. The licensed athletic trainer will give a packet containing copies of **Concussion Information: Home Instruction Sheet, Physician Academic Accommodation Evaluation Form, Physician's Head Injury Evaluation Communication Form, Post Sports-Related Head Injury Medical Clearance and Authorization Form, and Concussion Information: Student In-School Management Guide** to the student's parent(s)/guardian(s). The licensed athletic trainer will notify the athletic director, nurse, and coach of the incident.
- B. If the head injury occurs at a game, event, or practice and the King Philip's licensed athletic trainer is unavailable or the head injury occurs at an away game or event, the coach will notify the student's parent(s)/guardian(s) after removing the student from participation. The coach will release the student into the care of their parent(s)/guardian(s). The coach will give a packet containing copies of **Concussion Information: Home Instruction Sheet, Physician Academic Accommodation Evaluation Form, Physician's Head Injury Evaluation Communication Form, Post Sports-Related Head Injury Medical Clearance and Authorization Form, and Concussion Information: Student In-School Management Guide** to the student's parent(s)/guardian(s) and recommend that they seek medical attention. The coach will notify the athletic director, licensed athletic trainer, and school nurse of the incident.
- a. If the head injury occurs at a game, event, or practice, the licensed athletic trainer is unavailable, and the student's parent(s)/guardian(s) is/are not present, available, or cannot be reached via phone call or another form of communication, the coach will continue to monitor. The coach will notify the athletic director, licensed athletic trainer, and school nurse of the incident.
- C. If the head injury occurs during the school day, the school nurse will notify the student's parent(s)/guardian(s). The school nurse will give a packet containing copies of **Concussion Information: Home Instruction Sheet, Physician Academic Accommodation Evaluation Form, and Concussion Information: Student In-School Management Guide** to the student's parent(s)/guardian(s) and recommend that they seek medical attention. The school nurse will notify the athletic director, licensed athletic trainer, and coach of the incident.
- a. If the student participates in extracurricular activities, the nurse should distribute a copy of the **Physician's Head Injury Evaluation Communication Form and Post Sports-Related Head Injury Medical Clearance and Authorization Form** to the parent(s)/guardian(s) of the injured student.
- D. If the head injury occurs outside of school hours and extracurricular activities, the student's parent(s)/guardian(s) must inform the school nurse and obtain a packet containing **Concussion Information: Home Instruction Sheet, Physician Academic**

Accommodation Evaluation Form, Physician's Head Injury Evaluation Communication Form, Post Sports-Related Head Injury Medical Clearance and Authorization Form, and Concussion Information: Student In-School Management Guide. The parent(s)/guardian(s) must seek medical attention.

- a. If the student participates in extracurricular activities, the nurse should distribute a copy of the **Physician's Head Injury Evaluation Communication Form** and **Post Sports-Related Head Injury Medical Clearance and Authorization Form** to the parent(s)/guardian(s) of the injured student.
 - b. Based on the participation in extracurricular activities, the parent(s)/guardian(s) should also inform the athletic director, licensed athletic trainer, coach, and/or band instructor.
4. Any student-athlete that sustains a head injury immediately suspected of being a concussion in competition or during practice may return to participation if it is determined by a licensed medical professional through their evaluation that the injury to the head does not involve a concussion.
 5. Following a head injury, the student can take a post-injury neuropsychological/neurocognitive assessment to provide more information on the head injury, but it is not mandatory. After a student-athlete takes their first post-injury assessment, the student-athlete will not be re-tested again until they are symptom-free.
 - A. The post-injury neuropsychological assessment should be administered and interpreted by a licensed medical professional (ImpACT Applications, Inc., 2016).
 - B. The post-injury neuropsychological assessment should not be the sole basis of management decision. Rather, it provides an aid to the clinical decision-making process in conjunction with a range of assessments of different clinical domains and investigational results (McCrory, 2017).

Section VII – Medical Clearance and Authorization to Return to Play

Each student-athlete who is 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, school nurse, and licensed athletic trainer, a **Massachusetts Department of Public Health Post Sports-Related Head Injury Medical Clearance and Authorization Form** prior to resuming the extracurricular athletic activity. This form must be completed by a physician or one of the individuals as authorized by 105 CMR 201.011. The ultimate return to play decision is a medical decision that may involve a multidisciplinary approach, including consultation with parent(s)/guardian(s), the school nurse, and teachers as appropriate.

1. Only the following individuals may authorize a student to return to play:
 - A. A duly licensed physician.
 - B. A duly licensed athletic trainer in consultation with a licensed physician.
 - C. A duly licensed nurse practitioner in consultation with a licensed physician.
 - D. A duly licensed physician assistant under the supervision of a licensed physician.

E. A duly licensed neuropsychologist in coordination with the physician managing the student's recovery.

2. Physicians, nurse practitioners, physician assistants, licensed athletic trainers and neuropsychologists providing medical clearance for return to play shall verify that they have received Department-approved training in post-traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education.

Section VIII – Graduated Return to Extracurricular Activity Protocol:

If a student-athlete's head injury results in a diagnosed concussion by his/her Primary Care Physician (or physician managing the case), per 105 CMR 201.010(E)(3) a **Graduated Return to Play Protocol (RTP)** must be completed before the student-athlete returns to extracurricular athletic activities. When symptom-free, the student-athlete will be asked to go to his/her physician to obtain clearance to begin the **RTP** activities. The only forms allowed to clear a student-athlete for the commencement of the **RTP** activities are either the **Physician's Head Injury Evaluation Communication Form**, a Physician's note on their organization's letterhead providing the same information as the Communication Form, or the most recent copy of **Massachusetts Department of Public Health Post Sports-Related Head Injury Medical Clearance and Authorization Form**.

While the student-athlete is completing the **RTP** activities, the licensed athletic trainer will maintain all records regarding signs, symptoms, and progress. If during the **RTP** activities the licensed athletic trainer and/or school nurse determine the student-athlete is not making appropriate progress, the licensed athletic trainer and/or school nurse should refer to the student's primary care physician (or physician managing the case). In order for the student-athlete to return to participation after the completion of the **RTP** is the most recent copy of **Massachusetts Department of Public Health Post Sports-Related Head Injury Medical Clearance and Authorization Form**.

MA Department of Public Health Graduated Return to Play Protocol

(Based on The Commonwealth of Massachusetts Department of Public Health Post Sports-Related Head Injury Medical Clearance and Authorization Form, adopted February 6th, 2020)

The following stages must be complete before a student-athlete can return to play. Before signing the medical clearance form, ask the student whether or not they completed each phase, asking them about their symptoms, thinking, and concentration skills at each stage and the exercises and drills specific to their sport in which they engaged.

The student-athlete should have only moved 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.

Stage	Level of Activity
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).
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).
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.).
4	Sports specific practice.
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.
6	Return to competition.

In the event a new **Massachusetts Department of Public Health Post Sports-Related Head Injury Medical Clearance and Authorization Form** and **Gradual Return to Play Protocol** is published by the Massachusetts Department of Public Health, King Philip Regional High School's Athletic Department will adopt the newly published forms and requirements to remain in compliance with the MA DPH.

Section IX – Record Maintenance:

1. The school, consistent with any applicable state and federal law, shall maintain the following records for three years or at a minimum until the student graduates:
 - A. Verifications of completion of annual training and receipt of materials.
 - B. Department Pre-participation Forms, or school-based equivalents.
 - C. Report of Head Injury Forms.**
 - D. Medical Clearance and Authorization Forms.**
 - E. Graduated reentry plans for return to full academic and extracurricular activities.
2. The school shall make these records available to the Department of Public Health and the Department of Elementary and Secondary Education, upon request or in connection with any inspection or program review.

Section X – Reporting:

The school nurse shall be responsible for maintaining and reporting annual statistics on a Department form or electronic format that at minimum report:

1. The total number of **Report of Head Injury Forms** received by the school.
2. The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities.

Section XI – Penalties:

Failure to comply with the policies and procedures listed in the Student Concussion Regulations may result in several penalties including, but not limited to:

1. Failure to provide an approved Pre-Participation Physical Examination clearing an athlete to participate will result in the student being ineligible to participate in athletics.
 - A. The athletic department will maintain an active list of physical examination dates and notify the parent(s)/guardian(s), students, coaches, licensed athletic trainer, and athletic director of the expiration date to ensure all students are eligible for participation.
2. Failure to provide the King Philip Regional School District equivalent of the DPH Pre-Participation Form will result in the student being ineligible to participate in athletics.
 - A. The athletic director will collect the form and maintain a record of submission each season a student participates in athletics. The list will be shared with the school nurse and licensed athletic trainer to assist with accurate medical record documentation and student eligibility.
 - B. The parent(s)/guardian(s) will be notified of missing documentation and the student will not be allowed to participate until the form is received.
3. Failure to complete/provide proof of completion/affirmation of completion of annual concussion training will result in the individual being prohibited from participating or performing their assigned duties.
4. Failure to complete a baseline neuropsychological/neurocognitive assessment by the student will make them ineligible to participate in athletics. They will not be allowed to participate until they have a valid test per the licensed athletic trainer.
5. Failure to report a suspected head injury or concussion in a timely manner will be subject to athletic department consequences appropriate for the responsible individual.
 - A. An athlete or parent(s)/guardian(s) that fail to report a head injury that occurs away from school will not be allowed to participate until medically cleared by the treating medical professional.
 - B. A coach or volunteer who fails to report a head injury in a timely manner to the licensed athletic trainer, school nurse or athletic director will be subject to discipline at the discretion of the athletic director and school administrators.

Section XII – School Administration Responsibilities:

The school's Administration shall be responsible for the following:

1. Provide the Commonwealth of Massachusetts Department of Public Health with an affirmation that King Philip Regional School District has reviewed and, if necessary, revise, the concussion policy by September 30th of every odd-numbered year as required by 105 CMR 201.006: School Policies.

2. Designation, by the superintendent and principal, of the person, either the athletic director or other school personnel with administrative authority.
3. Upon being informed of a student's diagnosed concussion, identify a "Concussion Lead Contact" (e.g. the guidance counselor, athletic director, school nurse, school psychologist, teacher, or Student Transition Educational Program for Success teacher). The Concussion Lead Contact's responsibilities include, but are not limited to:
 - A. Work with the student on organizing work assignments, making up work and giving extra time for assignments and tests/quizzes.
 - B. Assist teachers and other faculty members in following the recovery stage for student.
 - C. Adjust the recovery plan level as seen fit by collaboration with the student.
 - D. Adjust workload if Post-Concussion Syndrome symptoms appear.
 - E. Convene meeting and develop rehabilitative plan.
 - F. 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.
4. Educate staff on the signs and symptoms of concussions and the educational impact concussions may have on students.
5. Include concussion information in the **Student Handbook**.
6. Include concussion information and associated forms on King Philip's Athletic Department's website with form descriptions and instructions.
7. Develop a plan to communicate and provide language-appropriate educational materials to parents with limited English proficiency.

Section XIII – Athletic Director Responsibilities:

The school's athletic director shall be responsible for the following:

1. Select and chair a committee to review and revise the concussion policy beginning in the spring of every odd-numbered year.
2. Submit the affirmation to Massachusetts Department of Public Health with an affirmation that King Philip Regional School District has reviewed and, if necessary, revise, the concussion policy by September 30th of every odd-numbered year as stated in Section I.
3. Implement the policies and protocols of the Athletic Concussion Policy and Student Concussion Regulations, as designated by the Superintendent and School Principal.
4. Complete the annual training as required by 105 CMR 201.007.
5. Provide coaches, licensed athletic trainers, volunteers, school and team physicians, school nurses, band instructors, parents/guardians of a student who participates in an extracurricular activity, and students who participates in an extracurricular activity with head injury safety training approved by the Massachusetts Department of Public Health as found on the Department's website annually.
6. Ensure that all educational training programs are completed by each required party, recorded, and records are maintained.
7. Ensure that all students meet the physical exam requirements consistent with 105 CMR 200.000: Physical Exam of School Children prior to participation in any extracurricular athletic activity.

8. Ensure that all students participating in extracurricular athletic/band activity have completed and submitted their pre-participation forms and requirements, which include, but are not limited to:
 - A. Extracurricular Athletics Registration.
 - B. Health History Form.
 - C. Concussion History Form.
 - D. Baseline Neuropsychological/Neurocognitive Assessment.
9. Provide access to the pre-participation forms of the student-athletes to the school's licensed athletic trainer two (2) weeks prior to the beginning of each athletic season.
10. Receive **Report of Head Injury Form** and a **King Philip Regional School District Accident Report Form** (herein after "**Accident Report Form**") from coaches, if the head injury happened during extracurricular activities, or parent(s)/guardian(s), if the head injury happened outside of extracurricular activities, after their student-athletes have suffered head injuries that potentially may be concussions and disseminate copies to the licensed athletic trainer and school nurse.
11. Receive and review forms from coaches that are completed by a parent/guardian which report a head injury during the sports season, but outside of an extracurricular athletic activity, so as to identify those athletes who are at greater risk for repeated head injuries and disseminating them to the licensed athletic trainer and school nurse.
12. Ensure that students are prohibited from engaging in any unreasonably dangerous technique that endangers the health or safety of a student, including, but limited to, using a helmet or any other equipment as a weapon.
13. Ensure that the copies of the **Report of Head Injury Form** are completed by the parent or coach and reviewed by the coach, school nurse, licensed athletic trainer and school physician as specified in 105 CMR 201.009(A).
14. Inform parent/guardian(s) that, if all necessary forms are not completed, their student will not participate in the extracurricular activities.
15. Assist the school nurse in monitoring student-athletes recovering from a concussion and collaborate with teachers and appropriate staff to ensure that the graduated reentry plan for return to full academic and extracurricular activities is being followed.
16. Update the appendices in Section XX based on current medical information and best practices as advised by the school nurse and licensed athletic trainer.
17. Reporting annual statistics to the DPH in accord with 105 CMR 201.017.

Section XIV – Coach & Band Instructor Responsibilities:

The coaches and band instructors shall be responsible for the following:

1. Participate in and complete the Concussion Education Course offered by the National Federation of State High School Associations (NFHS) on a yearly basis, submitting an affirmation of completion to the athletic director.
2. Ensure that all students participating in extracurricular athletic/band activity have completed and submitted their pre-participation forms and requirements, which include, but are not limited to:

- A. Extracurricular Athletics Registration.
 - B. Health History Form.
 - C. Concussion History Form.
 - D. Baseline Neuropsychological/Neurocognitive Assessment.
3. Understand and follow the information in Section VI when dealing with a head injury and potential concussion. Upon suspicion of a potential concussion sustained during extracurricular activities, complete **Report of Head Injury Form** and an **Accident Report Form** if their student-athlete suffers a head injury and present to the Athletic Director within 24 hours.
- A. Per 105 CMR 201.010(C), communicate promptly with the parent(s)/guardian(s) of any student removed from practice or competition and per 105 CMR 201.010(D) with the athletic director and school nurse as appropriate.
 - B. If a licensed athletic trainer is not available to perform an evaluation on an injured student-athlete, complete a sideline evaluation, with a guided assessment tool, if possible, to be shared with the athletic director and licensed athletic trainer within 24 hours. Supply all appropriate forms to the parent(s)/guardian(s) of the student per Section VI, Subsection 3, Subsubsection B.
 - C. If the student-athlete is at an away event and a licensed athletic trainer is available to perform an evaluation, supply all appropriate forms to the parent(s)/guardian(s) of the student-athlete in accordance with Section VI, Subsection 3, Subsubsection B.
4. Ensure all students have completed a concussion educational training and returned their certificate of completion prior to participation in extracurricular activities.
5. Receive and review forms that are completed by a parent/guardian which report a head injury during the sports season, but outside of an extracurricular athletic activity, so as to identify those athletes who are at greater risk for repeated head injuries and passing them to the athletic director.
6. Teach skills and techniques aimed at minimizing sports-related head injuries, discouraging or not permitting a student participating in the activity to engage in any unreasonably dangerous technique that unnecessarily endangers the health of themselves or another student including, but not limited to, using a musical instrument, helmet or any other equipment as a weapon.
7. Identify students exhibiting signs and symptoms consistent with a head injury or concussion and remove from participation.
8. Disallow students to return to participation until appropriately cleared by a physician, licensed athletic trainer, or school nurse.
9. Collaborate with the athletic director and school nurse in monitoring students recovering from a concussion to ensure that the graduated reentry plan for return to full academic and extracurricular activities is being followed.
10. Follow the **Graduated Return to Play Protocol** by referring any student-athlete with a relapse in Post-concussion syndrome-like signs and symptoms to licensed athletic trainer.

Section XV – Licensed Athletic Trainer Responsibilities:

The school's licensed athletic trainer shall be responsible for the following:

1. Participate in and complete the Concussion Education Course offered by the National Federation of State High School Associations (NFHS) on a yearly basis, submitting an affirmation of completion to the athletic director.
2. Participate in the development and biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within the school district or school.
3. Complete the annual training as required by 105 CMR 201.007.
4. Review information from Pre-participation Forms which indicate a history of head injury and from Report of Head Injury Forms, or school-based equivalents, to identify students who are at greater risk for repeated head injuries.
5. Identify athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play, understanding and following the information in Section VI when dealing with a head injury and potential concussion.
 - A. Per 259 CMR 4.01: Licensed Athletic Trainers, the licensed athletic trainer shall only be responsible for initiating injury recognition procedures and management techniques for athletic injuries and/or conditions that effect athletic performance.
6. Ensure that all student-athletes have completed baseline neuropsychological/neurocognitive assessment prior to the start of each season.
7. Perform initial evaluation of all student-athletes who sustain a head injury as able and ensure that parents are notified, supplying all appropriate forms to the parent(s)/guardian(s) of the student in accordance with Section VI, Subsection 3, Subsubsection A.
8. Assist the school nurse in providing and placing appropriate accommodations for student-athletes that have been diagnosed with a concussion as they progress to returning to their full academic workload.
9. Maintain records of all interactions with the student-athlete from the initial evaluation through final return to full competition.
10. Assist the school nurse with records required by the MA DPH.
11. Design the exercise regimen of the **Graduated Return to Play Protocol**, implementing a multifaceted approach to ensure that a student-athlete is ready to return to activity upon completion.
12. Guide the student-athletes who have been diagnosed with a concussion through the **Graduated Return to Play Protocol** once clearance to do so is given by a physician and they have been symptom free for 24 hours and are no longer on academic accommodations.
 - A. At the student-athlete's physician's discretion, the physician may provide indication and documentation that the student-athlete may begin the **Graduated Return to Play Protocol** while the student-athlete is still on academic accommodations.
13. Refer as appropriate to a physician.

Section XVI – School Nurse Responsibilities:

The school's Nurse shall be responsible for the following:

1. Participate in the development and biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within the school district or school.
2. Complete the annual training as required by 105 CMR 201.007. The nurse leader will record the records of completion yearly.
3. Review, or arrange for the school physician to review, completed Preparticipation Forms, or school-based equivalents, that indicate a history of head injury and following up with parents as needed prior to the student's participation in extracurricular athletic activities.
4. Review, or arrange for the school physician to review, Report of Head Injury Forms following up with the coach and parent(s)/guardian(s) as needed.
5. Maintain Pre-participation Forms, or school-based equivalents, and **Report of Head Injury Form** in the student's health record, entering in physical exam dates and concussion dates into the student information system.
6. Understand Section VI and if a student is sent to the nurse's office under the suspicion of a potential concussion during school hours, at minimum, have the student complete a **New Head Injury Symptom Severity Scale Form** symptom assessment and repeat a second Symptom Severity Scale in at least 20 minutes. The nurse should observe and assess students with a concussion for a minimum of 30 minutes. The nurse should inform an administrator and complete an **Accident Report Form**. The following actions should take place, based on the information provided:
 - A. If it is determined that the head injury sustained by the student is potentially life-threatening, the nurse will activate the EAP.
 - B. If signs and symptoms are present, the nurse shall notify the student's parent(s)/guardian(s). The student shall remain in the nurse's office for the remainder of the day until they can be dismissed into their parent(s)/guardian(s) care. The parent(s)/guardian(s) should be instructed that their student must be evaluated by their Primary Care Physician or other appropriate MD. The nurse shall give the parent(s)/guardian(s) a copy of the forms listed in Section VI, Subsection 3, Subsubsection C as necessary based on if the injured student participates in extracurricular activities.
 - C. If it is determined that no signs or symptoms are present after 30 minutes, the student may return to class. The nurse shall notify the student's parent(s)/guardian(s) of the incident and send a copy of **Concussion Information: Home Instruction Sheet** and **Concussion Information: Student In-School Management Guide**.
7. Inform teachers, guidance counselors, administrators, and appropriate staff of the academic accommodations according to the **Physician Academic Accommodation Evaluation Form** for a student diagnosed with a concussion consistent with a graduated reentry plan for return to full academic and extracurricular activities after a head injury.
8. Ensure that students diagnosed with a concussion check in at least once daily to complete a **Daily Symptom Severity Scale Form**.

- A. Inform the licensed athletic trainer when a student has been symptom free for a period of 24-hours, has all Academic Accommodations removed, and proper forms completed so the student-athlete may begin the **Graduated Return to Play Protocol**.
 - B. Inform the licensed athletic trainer if the student-athlete's physician provides indication and documentation that the student-athlete may begin the **Graduated Return to Play Protocol** while the student-athlete is still on academic accommodations.
9. Allow students diagnosed with a concussion who are still recovering and receiving Academic Accommodations to rest in nurse's office when needed.
 10. Monitor students recovering from a concussion and collaborate with teachers and appropriate staff to ensure that the graduated reentry plan for return to full academic and extracurricular activities is being followed.
 11. Provide ongoing educational materials on head injuries, the effects of concussions, and returning to school and activity to teachers, faculty, staff, parent(s)/guardian(s), and students.

Section XVII – Parent/Guardian Responsibilities:

The Parents and/or Guardians of the students and student-athletes shall be responsible for the following:

1. Complete the annual training provided by the school as required by 105 CMR 201.007, providing the athletic department with an affirmation of completion.
2. Ensure that all students participating in extracurricular athletic/band activity have completed and submitted their pre-participation forms and requirements, which include, but are not limited to:
 - A. Extracurricular Athletics Registration.
 - B. Health History Form.
 - C. Concussion History Form.
 - D. Baseline Neuropsychological/Neurocognitive Assessment.
3. Inform the athletic director and school nurse if your student sustains a diagnosed concussion outside of school hours or extracurricular activities, completing new concussion history form and **Report of Head Injury** following the new injury.
4. Understand the **Concussion Information: Home Instruction Sheet**. 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. Call your child's primary care physician (or physician managing your child's case) or go to the emergency department if your child experiences any red flag listed on the sheet.
5. If your student is diagnosed with a concussion, follow the recovery plan. This includes, but is not limited to:
 - A. Encourage your child to follow concussion protocol.
 - B. Enforce restrictions on rest, electronics, and screen time.
 - C. Reinforce recovery plan.

- D. Follow the guidelines put in place by the **Physician Academic Accommodation Evaluation Form**.
 - E. Request a contact person from the school with whom you may communicate about your child's progress and academic needs.
 - F. Observe and monitor your child for any physical or emotional changes.
 - G. Request to extend make up time for work if necessary.
 - H. 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.
6. Ensure all required forms are completed and submitted to the school nurse and licensed athletic trainer prior to your student resuming extracurricular activities.

Section XVIII – Student and Student-Athlete Responsibilities:

The students and student-athletes shall be responsible for the following:

- 1. Complete the annual training provided by the school as required by 105 CMR 201.007, providing the athletic department with an affirmation of completion.
- 2. Ensure that the Pre-Participation Forms for your student participating in extracurricular athletic/band activity have completed and submitted, which include the forms indicated by Section IV.
- 3. Complete a baseline neuropsychological/neurocognitive assessment prior to the beginning of their sport/event season every two years, typically in their freshman and junior years.
- 4. If a concussion is diagnosed, follow the recovery plan. This includes, but is not limited to:
 - A. Allow the body to rest mentally, physically, and emotionally.
 - B. Under the direction of the athletic director, coach/band instructor, licensed athletic trainer, and school nurse, ensure that the graduated reentry plan for return to full academic and extracurricular activities is being followed.
 - C. Upon returning to attending school, check in at least once daily with the school nurse to complete a **Daily Symptom Severity Scale**.
 - D. Follow the guidelines put in place by the **Physician Academic Accommodation Evaluation Form**.
 - E. Manage screen time and using electronics.
 - F. Inform the school nurse and your teachers if you are having difficulty with your classwork.
 - G. Seek the guidance of the school nurse and/or the licensed athletic trainer for Post-Concussion Syndrome symptom management skills.
 - H. If you are a student-athlete, upon resuming normal academic responsibilities, work with the licensed athletic trainer to complete the **Graduated Return to Play Protocol** to return to your extracurricular athletic activity.
 - I. Return to extracurricular activities only when an appropriate physician and/or the licensed athletic trainer provide(s) clearance.
 - J. Report any symptoms to the licensed athletic trainer, school nurse, and/or parent(s)/guardian(s) if any occur after returning to participation in your extracurricular activity.

5. Return medical clearance form to licensed athletic trainer and school nurse prior to resuming extracurricular activities.
6. Students who do not complete and return all required trainings, testing, and forms will not be allowed to participate in extracurricular activities.

Section XIX – Citations and References:

105 CMR 200.000: Physical examination of school children

105 CMR 201.000: Head injuries and concussions in extracurricular athletic activities

259 CMR 4.00: Licensed Athletic Trainers

ImPACT Applications, Inc. (2016). Administration and interpretation manual.

McCrorry P, Meeuwisse W, Dvorak J, et al. Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine* 2017; 51: 838-847.

Section XX – Appendices:

The appendices of this document reflect the best medical guidelines and practices based on the most up to date medical research. Since medical research and information is always changing, these appendices will be updated at the discretion of the athletic director, with advisement of the school nurse and licensed athletic trainer, as needed to reflect the new information.

Appendix A: Massachusetts Department of Public Health Post Sports-Related Head Injury Medical Clearance and Authorization Form

Appendix B: Massachusetts Department of Public Health Report of Head Injury

Appendix C: Physician Academic Accommodation Evaluation Form

Appendix D: Physician’s Head Injury Evaluation Communication Form

Appendix E: New Head Injury Symptom Severity Scale Form

Appendix F: Daily Symptom Severity Scale Form

Appendix G: Concussion Information: Home Instruction Sheet

Appendix H: Concussion Information: Student In-School Management Guide

Appendix I: King Philip Regional High School Student Handbook

Appendix J: King Philip Regional High School’s Athletic Department Emergency Action Plan