

Presentation of Mary Academy

Concussion Event and Return to Play Policy

Concussion Information: The Massachusetts Interscholastic Athletic Administration (MIAA) Board of Directors adopted a policy concerning concussions. This policy applies to all member schools including Presentation of Mary Academy. The policy reads,
ANY ATHLETE WHO EXHIBITS SIGNS, SYMPTOMS, OR BEHAVIORS CONSISTENT WITH A CONCUSSION (SUCH AS LOSS OF CONSCIOUSNESS, HEADACHE, CONFUSION, OR BALANCE PROBLEMS) SHALL BE IMMEDIATELY REMOVED FROM THE CONTEST AND/OR PRACTICE AND SHALL NOT RETURN TO PLAY UNTIL CLEARED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.

Any head injury can be a serious life threatening condition. It is important that the athlete and parent/guardian pay careful attention to these symptoms:

- headache **
- pressure in head
- nausea or vomiting
- balance problems or dizziness
- double or blurry vision
- » sensitivity to light or noise
- feeling sluggish, hazy, foggy, or groggy
- confusion, concentration or memory problem

If any of these symptoms occur during any phase of the recovery process, whether in school, practice, or at home, the coach, nurse, or health care provider needs to be notified.

Athletes who have not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences from a second concussion injury. Such difficulties are prevented if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return to sport or other high risk activities when symptoms of concussion are present and recovery is ongoing. *Don't Hide It!* It is better to miss a few games than a whole season.

The following procedures will be followed in the event an athlete receives a head injury:

- Athlete is removed from the contest or practice.
- The athletic trainer/school nurse will conduct a *Standardized Assessment of Concussion*.
 - If athletic nurse is not available, coach will notify parents and recommend follow up with athlete's health care provider.
- The athletic trainer/coach will notify parent/guardian and director of athletics.
- Director of athletics will notify school nurse.
- School nurse will contact athlete's teachers and guidance counselor.

Any athlete exhibiting signs and or symptoms of a concussion will follow the *Return to Play Policy*.

Return to Play Protocol:

Return to play will occur only after the following steps have been completed, in the order listed below:

1. Parent/Guardian reads and signs the *Concussion Information*.
2. Athlete may not participate in practice or play until written clearance by an appropriate health care professional: physician (MD, DO), physician's assistant (PA), or nurse practitioner (NP).
3. Completed signature form returned to the Athletic Director.
4. Athlete reads and signs the *Concussion Information*.
5. Athlete notifies coach and gives copies of completed form to director of athletics and school nurse.



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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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Athlete's Name _____ Age _____

Date of Injury _____ Sport _____

Parent/Guardian Signature; .

I have read the Concussion Information, and I understand the seriousness of a concussion, its symptoms, and the Return to Play Protocol If you have questions, call the school nurse at 978 682-9391 x 114 or athletic office at 978 682-9391 x 110.

Parent/Guardian Signature

Date

Health Care Professional Clearance

POST SPORTS-RELATED HEAD INJURY MEDICAL CLEARANCE AND AUTHORIZATION FORM from DPH on our athletics web page.

I have seen _____ and I
Athlete's Name

_____ Will allow him/her to return to full sports activity. /

_____ Will allow him/her to return to full sports activity with the following restrictions:

Will NOT allow him/her to return to full sports activity until

Health Care Professional Signature

Date

Print Name

Athlete Signature

I have read and understand the Concussion Information and its symptoms.

Athlete Signature

Date

Identifying Head Injury or Suspected Head Injury and Removing from Play Policy

In the event that a student athlete receives a head injury, the nurse or coach will use the Standardized Assessment for Concussion (SAC) Form A (Standardized Assessment of Concussion) to assess and document the student athlete's concussion. The nurse or coach will also report on the student athlete's signs and symptoms of a concussion by using the Signs and Symptoms Check-List. After the initial evaluation of a concussion, all signs and symptoms will be tracked on the computer using the ImPACT Test.

Any athlete who is symptomatic but stable is allowed to go home with his/her parent(s) or legal guardian(s) following the head injury.

- If the head injury occurs at practice, a parent(s) or legal guardian(s) will immediately be notified and must come and pick-up the student athlete and talk to the nurse or coach in person.
- If the injury occurs at a game or event he/she may go home with their parent(s) or legal guardian(s) after talking with the nurse or coach.
- Parent(s) or legal guardian(s) will receive important information regarding signs and symptoms of deteriorating brain injury/function prompting immediate referral to a local emergency room or private physician, as well as return to play requirements at the school.
- Parent(s) or legal guardian(s) as well as student athletes must read and sign the Concussion Information and Gradual Return to Play form and bring it back to the school before starting with the return to play protocol. All symptomatic students will be referred to their primary care provider for evaluation.

When an athlete loses consciousness for any reason, the nurse will start the Emergency Action Plan by activating EMS, recognize ABC's, stabilize the C-spine and transport the injured athlete to the local hospital via ambulance. If the nurse is not present, the coach should call EMS immediately, check ABCs and not move athlete until help arrives.

Any athlete who is removed from the competition or event and begins to develop signs and symptoms of a worsening brain injury will be transported to the hospital immediately in accordance with the Emergency Action Plan. Worsening signs and symptoms requiring immediate physician referral:

- Amnesia lasting longer than 15 minutes
- Deterioration in neurological function
- Decreasing level of consciousness
- Decrease or irregularity in respirations
- Decrease or irregularity in pulse
- Increase in blood pressure
- Unequal, dilated, or un-reactive pupils
- Cranial nerve deficits
- Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
- Mental-status changes: lethargy, difficulty maintaining arousal, confusion, agitation
- Seizure activity
- Vomiting/worsening headache
- Motor deficits subsequent to initial on-field assessment
- Sensory deficits subsequent to initial on-field assessment
- Balance deficits subsequent to initial on-field assessment
- Cranial nerve deficits subsequent to initial on-field assessment
- Post-Concussion symptoms worsen
- Athlete is still symptomatic at the end of the game

Return to Play Policy When Using ImpACT testing

Following a diagnosed concussion made by a healthcare provider, the student athlete will take a post-injury test within 24 to 48 hours following the head injury. STUDENT ATHLETES WILL NOT BE ALLOWED TO MOVE ONTO FUNCTIONAL/PHYSICAL TESTING UNTIL THEIR IMPACT TEST IS BACK TO THE BASELINE SCORE AND THEY ARE ASYMPTOMATIC. After a student athlete takes their first post injury test, they will not be retested again for 5 days. If after the first post-injury ImpACT test the athlete is not back to his/her baseline, the parent(s) or legal guardian(s) will be notified, and the student athlete will be referred back to their healthcare provider and must have the Concussion Information and Gradual Return to Play form signed by a physician, licensed neuropsychologist, nurse practitioner or certified athletic trainer stating when the athlete is allowed to return play.

Following an, the nurse will take the Concussion Information and Gradual Return to Play form signed by the parent(s) or legal guardian(s) and fill in the date of all post-injury tests taken by each student athlete.

Graduated Reentry Plan

Presentation of Mary Academy requires that all students returning to school and athletics after a concussion have a written clearance for reentry. School staff, such as teachers, school nurse, counselors administrators, coaches and others should work together to develop and implement this plan in coordination with the student, their parent/guardian and the primary care provider.

Stages of Recovery:

The stages of recovery are a framework designed through a collaborative effort by local health care professionals. The purpose of this framework is to create common language that will help guide students, families, school personnel and health professionals through the recuperation process. Placement in stages is based on assessment of the student's medical condition by a licensed medical professional and accompanied by written orders.

Red Stage (Usually 2-4 days, but could last weeks)

- Rest
- Students typically do not attend school

Orange Stage

- Rest
- Attend school half to full days
- Avoid heavy backpacks
- Work with designated educational personnel regarding school accommodations
- No tests in school
- No sports, band, chorus, physical education or outdoor recess

Yellow Stage

- Attend school full-time if possible
- Students and families work with teachers regarding homework deadlines (complete as much as possible)
- See school nurse for pain management and/or rest if needed
- Limit one quiz/test per day (untimed testing is recommended)
- Work in 15 minute blocks
- No sports
- Licensed medical professional will make decisions regarding band, chorus, physical education and outdoor recess (elementary level) based on medical assessment

Green Stage

- Attend school full-time
- Resume normal activities
- Resume sports once school work is back on track, student is symptom-free, and has been cleared by a licensed medical professional

Presentation of Mary Academy, Department of Athletics: CONCUSSION AND RETURN TO PLAY PROTOCOL

Physical Post Concussion Tests

The athlete will be given five physical post-concussion tests administered by the nurse. Only one test per day. Next test will be administered only when previous test is passed with no symptoms.

These tests will take a minimum of five days.

Test 1: (To increase heart rate) Low levels of physical activity. This includes walking, light jogging, light stationary biking and light weight lifting (low weight, moderate reps, no bench, no squats).

Test 2: (To increase heart rate with movement) Moderate levels of physical activity with body/head movement This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weight lifting (reduce time and or reduces weight for the athlete's typical routine).

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

Test 4: Sports specific practice.

Test 5: Full contact in a controlled drill or practice.

Athlete's Name _____ Age ____ Date of Injury _____
Sport _____

Parent/Guardian Signature: _____

I have read the *Concusskyn and Return to Play Protocol* and I understand the seriousness of a concussion, its symptoms and the *Graduated Return to Play Protocol*. Questions? Call the school nurse at 978-682-9391 ext 114 or athletic office at 978-682-9391 ext. 110.

Parent/Guardian Signature _____ Date _____

Test Completion Dates with Asymptomatic Results:

Test 1 _____ Test 2 _____ Test 3 _____ Test 4 _____ Test 5 _____

I verify that _____ (athlete's name) has completed the five physical post concussion tests and said athlete was asymptomatic for all tests.

Nurse Signature _____ Date _____

Athlete Signature: _____

I have read and understand the *Concussion and Return to Play Protocol*, concussion symptoms, and the seriousness of a second concussion injury.

Athlete Signature

Date