

Milford Public Schools Concussion Policy and Procedures

Department of Athletics

The mission of this document is to make known the procedures for prevention, recognition and management of MTBI (mild traumatic brain injuries) i.e. concussions. Implementation of the policies and procedures within this document are the responsibility of the Athletic Director and/or Athletic Trainer. It is the utmost importance that the health and wellbeing of Milford Public Schools student-athletes be the primary concern while participating in Milford Public School's Interscholastic Athletic Program.

Training for Athletic Staff:

As per MA Department of Public Health 105 CMR: 201.007, annual head injury safety training is required of Coaches; Certified Athletic Trainers; Trainers; Volunteers; School and team physicians; School nurses; Athletic Directors and Directors of the Marching Band. Training will consist of how to recognize a suspected concussion, the proper protocols to manage a suspected concussion and steps to help the student-athlete return to play safely after experiencing a concussion. Documentation stating the person has completed an online course provided by or approved by MA DPH will be held on file in the Athletic Director's office. This training requirement is valid for one school year and repeated every subsequent year.

Requirements for Students and Parents:

Documentation of a physical examination prior to a student's participation in the Milford Public Schools interscholastic athletic program is required (consistent with 105 CMR 200.00 (B) (3): *Physical examination of School Children*) Physicals are valid for 13 months and must be valid at the beginning of every season.

Student-athletes and parents/guardians are required to complete the Milford Public Schools Head Injury/Concussion History Form providing dates, nature of the injury and treatment of past head injuries sustained by the student-athlete. Signatures also acknowledge the student-athlete and his/her parents/guardians receipt and review of DPH approved written materials on head injuries attached to the Milford Public Schools Head Injury/Concussion History Form. This form is to be completed prior to each season. Milford Public Schools Head Injury/Concussion History Form will be on file in the Athletic Trainer's office. Any student-athlete who sustains a head injury outside of the Milford Public Schools Interscholastic Athletic Program is required to immediately inform the Athletic Director, Certified Athletic Trainer, school nurse and their coach via a Head Injury Report Form provided by MA DPH. These requirements are required by 105 CMR: 201.007.

Review of the Milford Public Schools Head Injury/Concussion History Form will be conducted by the Certified Athletic Trainer. A list of student-athletes who have suffered past head injuries/concussions will be provided to their respective coaches as to identify student-athletes who are at greater risk of repeated head injuries. Milford Public Schools may use a student-athlete's history of head injuries as a factor to determine whether to allow a student-athlete to participate in Milford Public Schools Interscholastic Athletic Program or to allow participation

under specific conditions or modifications. Consultation with the Milford Public Schools' school physician will be used to determine the student-athletes' activity level. These forms are a requirement of Milford Public Schools and no student-athlete shall participate without the required forms.

Student athletes in grades 9 and 11 or new student athletes will complete a baseline cognitive test prior to participation in extracurricular athletics.

At a minimum, the baseline cognitive test will have two components: baseline testing and post-injury testing which are used in conjunction to determine if a student athlete can return to play.

Coaching:

Coaches at all levels will provide every student-athlete with instruction on proper form for hitting (if applicable) or proper avoidance of potentially dangerous situations. Milford Public Schools will provide appropriate and fully functioning equipment to every student-athlete which meets all safety standards developed by the MIAA and/or NOCSAE. No coach will encourage a student-athlete to participate with a suspected head injury or encourage any student-athlete to falsify signs or symptoms in hopes of returning to play sooner.

Reporting Head Injuries or Suspected Concussions:

The Certified Athletic Trainer and/or coaches will report head injuries and suspected concussions to the school nurse and guidance office as soon as possible following the injury. The Certified Athletic Trainer and/or coach will also complete a Report of Head Injury Form to be filed in the Athletic Trainers' office. For head injuries and suspected concussions occurring during the school day and during non-school sponsored activities, the school nurse, guidance office and other school staff will report to each other and to the Athletic Trainer. For any head injury occurring outside of Milford Public Schools Athletics, the parents/guardians shall complete the Report of Head Injury Form and submit it to the coach, school nurse and Certified Athletic Trainer.

Steps following a Head Injury or Suspected Concussion:

The coach or Athletic Trainer removes the student-athlete from play and assesses signs and symptoms of a concussion. Based on the severity of the signs and symptoms the coach or Athletic Trainer will decide if EMS is necessary. For a student-athlete suffering mild to moderate signs and symptoms of a concussion he/she will be kept out of play and the coach or Athletic Trainer will notify the parents/guardians. For student-athletes who have no signs and symptoms as reported by the athlete and as noted by the coach or Athletic Trainer the athlete will be returned to play. The coach or Athletic Trainer will notify parents/guardians as soon as possible by phone or in person if a student-athlete has signs and symptoms of a concussion, followed by information regarding the injury in writing, paper or electronically, by the next business day. The parent/guardian will be given the "Commonwealth of MA Post Sports-Related Head Injury Medical Clearance Form" to be completed and signed by a duly licensed physician; or a certified trainer in consultation with a licensed physician; or a duly licensed nurse practitioner in consultation with a licensed physician; or a duly licensed

neuropsychologist in coordination with the physician managing the students recovery (in accordance with 105 CMR: 201.011). Prior to returning to activity this form must be signed and returned to the Athletic Trainer.

In the event of a severe concussion, or multiple less severe head traumas, the Milford Public Schools have adopted the following policy:

1. If a physician determines the student athlete has suffered a single (1) severe concussion, that athlete will be held from participation in Milford Public Schools Athletics for a twelve (12) month period that commences upon notification of the Athletic Trainer.
2. If a physician determines the student athlete has suffered two (2) moderate concussions within a twelve (12) month period, that athlete will be held from participation in Milford Public Schools Athletics for a twelve (12) month period that commences upon notification of the Athletic Trainer.
3. If a physician determines the student athlete has suffered three (3) mild concussions within a twelve (12) month period, that athlete will be held from participation in Milford Public Schools Athletics for a twelve (12) month period that commences upon notification of the Athletic Trainer.

Student-athletes return to academics:

The student-athlete must fully return to school and academics prior to resuming to athletics. Because of the nature of head injuries, specific accommodations may be required to safely return a student-athlete to academic participation. Such accommodations, as recommended by their physician, will be considered on an individual basis in collaboration with the student-athlete's guidance counselor, nurse and his/her teachers. Upon being informed of a head injury, the school nurse will inform the appropriate guidance counselor who will then inform the student-athlete's teachers and administration, Trainer and Athletic Director.

The school nurse will provide the teaching staff with a Post Head Injury Return to Academics Information Sheet.

Student-athletes head injury management and return to play procedure:

Student-athletes with suspected concussions, or diagnosed concussions, are to report to the Athletic Training Room daily and complete a Signs and Symptoms Checklist. The Certified Athletic Trainer will review the Signs and Symptoms Checklist daily with the injured athlete. When the student-athlete shows no lingering signs or symptoms, a written return to play procedure will be provided and reviewed with the student-athlete and his/her parents/guardians. Because each injury is different and each student-athlete is different each athlete will be treated individually based on his/her own signs and symptoms; progression and history.

Return to Play Protocol- Based on 2008 Zurich Consensus Statement on Concussion in Sport

1-No activity, complete Rest, Consult with Physician

Objective- Optimize recovery

2-Light Aerobic Exercise: walking, swimming, stationary cycle, 70% of predicted maximum Heart Rate

Objective- Increase Heart Rate

3-Sport-specific exercise Drills, NO head impact activities

Objective- Add Movement

4- Non-contact training, progression to more complex training drills, begin resistance training, full pads (still NO CONTACT)

Objective- Increase coordination and Cognitive Load

5- Full Practice Following Medical Clearance

Objective- Restore Confidence and Skills

6- Normal Game Play

The introduction back to sport is designed to intensify gradually. No more than one phase can be completed each day. If the student-athlete develops any signs or symptoms he/she is removed from the activity immediately for the day and will be reduced to Phase 1 when no signs or symptoms are present. Pre-game practice (light) or game day is not an acceptable substitute for phase 5.

Following completion of the return to sport procedure, medical clearance will be obtained by the student-athlete's physician on the Post Sports-Related Head Injury Medical Clearance and Authorization Form as per MA Department of Public Health 105 CMR: 201.011.

Penalties:

Penalties for failure to comply with these policies include, but are not limited to, suspension from play; personnel sanctions; and forfeiture of games. Penalties will be at the discretion of the Milford Public Schools Administration.

MSC Approved: 2/16/12

MSC Approved: 12/6/18



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health

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

The student must be completely symptom free at rest, during exertion, and with cognitive activity prior to returning to full participation in extracurricular athletic activities. Do not complete this form until a graduated return to play plan has been completed and the student is found to be symptom free at rest, during exertion and with cognitive activity.

Student's Name	Sex	Date of Birth	Grade
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Date of injury: _____ Nature and extent of injury: _____

Symptoms following injury (check all that apply):

- Nausea or vomiting
- Headaches
- Light/noise sensitivity
- Dizziness/balance problems
- Double/blurred vision
- Fatigue
- Feeling sluggish/"in a fog"
- Change in sleep patterns
- Memory problems
- Difficulty concentrating
- Irritability/emotional ups and downs
- Sad or withdrawn
- Other

Duration of Symptom(s): _____ Diagnosis: Concussion Other: _____
 If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms: _____

Prior concussions (number, approximate dates): _____

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

Practitioner signature: _____ Date: _____

Print Name: _____
 Physician Licensed Athletic Trainer Nurse Practitioner Neuropsychologist Physician Assistant

License Number: _____
 Address: _____ Phone number: _____

Name of Physician providing consultation/coordination/supervision (if not person completing this form; please print): _____

I ATTEST THAT I HAVE RECEIVED CLINICAL TRAINING IN POST-TRAUMATIC HEAD INJURY ASSESSMENT AND MANAGEMENT APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH* OR HAVE RECEIVED EQUIVALENT TRAINING AS PART OF MY LICENSURE OR CONTINUING EDUCATION.

Practitioner's initials: _____
 Type of Training: CDC on-line clinician training Other MDPH approved Clinical Training Other
 (Describe) _____

* MDPH approved Clinical Training options can be found at: [www.mass.gov/dph/sports concussion](http://www.mass.gov/dph/sports%20concussion)
 This form is not complete without the practitioner's verification of such training.



Concussion Information: Home Instruction Sheet

Name _____ Date _____

You have had a head injury or concussion and need to be watched closely for the next 24-48 hours.

Rest is the key. You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse.

It is OK to:	There is no need to:	DO NOT:
Use Tylenol (acetaminophen) Use an ice pack on head/neck for comfort Eat a light meal Go to sleep	Check eyes with a light Wake up every hour Stay in bed	Drink Alcohol Eat spicy foods Drive a car Use aspirin, Aleve, Advil or other NSAID products

WATCH FOR ANY OF THE FOLLOWING PROBLEMS:

Call your doctor or go to the emergency department if you experience any of the following:

Worsening headaches Seizures Neck pain Looks very drowsy, can't be awakened	Increasing confusion Repeated vomiting Slurred speech Unusual behavior change	Can't recognize people or places Loss of consciousness Weakness or numbness Increasing irritability
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Recommendations for Recovery

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime, weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.**
 - a. Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
 - b. Thinking and concentration activities include homework, schoolwork, jobs, watching TV, video games, texting, use of computers.
4. Drink lots of fluids and eat carbohydrates and protein to main appropriate blood sugar levels.
5. **As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms become worse or return, decrease your activities, then try again to increase your activities gradually.**
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

Phone _____

PHYSICIAN / ATHLETIC TRAINER / COACH NAME & SIGNATURE

Your school takes concussions very seriously. At times, this means missing time from school and sports. Your school's concussion protocol (as dictated by Massachusetts Law) requires that students be evaluated by a physician for clearance to be able to return to full sports participation. Medical clearance can only be given after a graduated return to play plan has been completed and the student has remained symptom free. Your Athletic Trainer and Athletic Director can help guide you through this process.

Recommendations provided to _____

 NAME of Parent/Guardian (printed) SIGNATURE of Parent/Guardian

POST HEAD INJURY RETURN TO ACADEMICS INFORMATION SHEET

_____ was diagnosed with a concussion on _____ and is being monitored by a physician. I wanted to let you know what to expect during the recovery phase. Please excuse student from gym classes until cleared by physician and allow student access to nurses office as needed.

What to look for after a concussion

When students return to school after a concussion, school professionals should watch for:

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks
- Inappropriate or impulsive behavior during class
- Greater irritability
- Difficulty coping with stress
- Fatigue
- Difficulties handling a stimulating school environment (lights, noise, etc.)
- Physical symptoms (headache, nausea, dizziness)

Students who return to school after a concussion may need to:

- Take rest breaks as needed,
- No more than one test per day
- Reduce time spent on the computer, reading, or writing
- Allow testing in multiple sessions
- Extended time to complete tests and to turn in assignments
- Reduce length of tests
- Defer high stakes testing (MCAS/SAT/ACT)
- Provide multiple choice/word band test formats
- Provide note cards for formulas/equations
- Provide class notes or outlines
- Make up / Keep up: Develop plan for balancing work during recovery