

PREVENTION AND MANAGEMENT OF SPORTS-RELATED HEAD INJURIES

Background

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head that can affect brain functioning. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a mild bump or blow to the head can be serious.

Concussions can occur in *any* sport or recreation activity. Children who return to play while still experiencing symptoms of a concussion are more likely to have another concussion.

This Circular outlines responsibilities of all who are involved in an athletic participation and includes the following components:

- Pre participation examination, including a history of previous concussions
- Protocols for assessing and managing a child who has a concussion on the field
- Protocols for returning a child who has had a concussion to the practice and playing field
- Academic assessment and accommodation for a child with continued symptoms that interfere with academic progress
- Prevention of head injuries and Health promotion activities that contribute to safe sports participation

Headmasters and Principals shall be responsible for:

1. Support and enforce the protocols, documentation, training and reporting outlined in these procedures.
2. Supervise and review that all documentation is in place.

Coaches, certified athletic trainers, and volunteers (EMS, sports physicians) shall be responsible for:

1. Completing the annual educational training on identification and management of head trauma.
2. Ensuring and documenting that all students/families have submitted:
 - a. Updated physical examinations consistent with Massachusetts sports participation guidelines.
 - b. Consents for: participation and treatment, travel, medication.
 - c. Completed Department Pre-participation Forms (BPS Sports Medical Questionnaire) before participating in practice or extracurricular athletic activities.
 - d. An indication that they have reviewed educational materials about concussion.
3. Ensuring that the medical questionnaire and physical form are delivered to the school nurse in a time frame consistent with the sport and discussing with school nurse any student with concussion history as indicated in the PCP or parent history. All athletes must be cleared by the school nurse in order to play.
4. Teaching techniques aimed at minimizing sports-related head injury;

- a. Discouraging and prohibiting student athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of a student, including using a helmet or any other sports equipment as a weapon.
- b. Identifying, through the use of either: 1- Coach/volunteer Evaluation of Head Injury or 2- SAC Evaluation for MD's and CAT's, students with head injuries or suspected concussions that occur in play or practice and **removing them from play**. The results of the screening tool need to be available to the school nurse and parent who will forward it to the PCP.
- c. Communicating promptly with the parent of any student removed from play and providing documentation to bring to PCP along with "Return to Athletic Participation" form which is completed by physician and returned to school nurse.
- d. Completing a Department Report of Head Injury Form and transmit it to the Athletic Director, the parent, the school nurse. Unclear if this is a separate form from DPH.
- e. Consulting with school nurse about the individual student's plan to return to play. **No student can return to play without school nurse clearance.**
- f. Assuring that all documentation is in place by conducting an annual compliance audit. This includes documentation of: all students have preparticipation PE's, consent forms, parent/athlete sign off that concussion information has been reviewed; list of all students with concussion; documentation of follow up for each student with concussion; documentation that athlete is cleared to play.

The School Nurse will be responsible for:

1. Completing the annual educational training on concussion.
2. Reviewing any questions raised by the Athletic Director, reviewing all Medical Questionnaires and physical exams.
3. Following up with parents as needed prior to the student's participation in extracurricular athletic activities.
4. Maintaining documentation of the Medical Questionnaire and Physical in SNAP (the Electronic Medical Record).
5. Maintaining documentation of the Head Injury Assessments in the student's health record in the Electronic Medical record.
6. Providing clearance, through the use of the SNAP sports clearance form, to the coach before student may participate in practice.
7. Participating in the graduated reentry planning meeting for students who have been diagnosed with a concussion to discuss any necessary accommodations or modifications with respect to academics, course requirements, homework, testing, scheduling and other aspects of school activities consistent with a graduated reentry plan for return to full academic and extracurricular activities after a head injury and revising the health care plan as needed; the nurse will present medical information to the service team.
8. Monitoring recuperating students with head injuries and collaborating with teachers to ensure that the graduated reentry plan for return to full academic and extracurricular activities.
9. Providing beginning of school year review of concussions as well as ongoing educational materials on head injury and concussion to teachers, staff and students.
10. Participating in the annual auditing of concussion information documentation. Audit will be performed by Central Health Services

Parents/students shall be responsible for:

1. Ensuring that the child has: 1) pre-participation physical and 2) completion of the Sports Medical Questionnaire, including a list and dates of previous concussions.
2. Reviewing concussion materials, including signed documentation of the review on the athletic permission form. Parent University will also provide concussion trainings.
3. Ensuring that the child with a concussion is evaluated by PCP if there has not already been emergent transport by EMS or CAT evaluation.
4. Working with the school nurse and the Service team to implement return to play guidelines.

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