

MELROSE PUBLIC SCHOOLS
Concussion Procedures
GRADES 6 -12

**SUSPECTED SPORTS RELATED HEAD
INJURY/CONCUSSION**

The Melrose School Committee adopted a policy (#5709) to address the identification and proper handling of suspected head injury in students participating in school-based athletics and marching band in accordance with Mass. Gen. L. c. 111, Section 222 ("Section 222") and accompanying regulations (105 CMR 201. et seq.) ("Regulations"). These procedures serve to define the roles and responsibilities of staff, as well as, inform parents and community members of the role they play and their responsibilities in addressing reality of concussions in sports related head injuries.

Definitions

The definitions of terms used herein are set forth in the Regulations at 105 CMR 201.005. The following are selected for reprinting here:

Department means the Massachusetts Department of Public Health.

Concussion means a complex disturbance in the brain function due to direct or indirect trauma to the head, related to neurometabolic dysfunction, rather than structural injury.

Head Injury means a direct or indirect trauma to the head including a concussion or traumatic brain injury.

Second impact syndrome means a potentially lethal condition that can occur when a person sustains a head injury prior to the complete healing of a previous brain injury causing deregulation of cerebral blood flow with subsequent vascular engorgement.

Traumatic Brain Injury (TBI) means a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. TBI may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head. TBI includes, but is not limited to, a concussion.

Roles and Responsibilities

The Athletic Director, under the Supervision of the Superintendent, shall be responsible for the general implementation of these procedures as it relates to students in grades 6 through 12 who participate in extracurricular athletic activities and/or marching band.

Coaches are required to instruct students in form, technique and skills that minimize sports-related head injury and are directed to discourage and prohibit students from engaging in any unreasonably dangerous athletic technique that endangers the health and safety of a student, including using a helmet or any other sports equipment as a weapon.

Students who engage in unreasonably dangerous behavior while participating in extracurricular athletic activities may be excluded from the privilege of participating in extracurricular athletic activities and, further, may be subject to disciplinary consequences in accordance with the code of conduct.

Training

The following personnel, both those employed and those serving in a volunteer capacity, shall be required to participate in an annual training in the prevention and recognition of a sports-related head injury, including second impact syndrome: coaches, certified athletic trainers, school physicians, school nurses, Athletic Director, and marching band directors. In addition, students who participate in an extracurricular athletic activity and their parents shall be required to participate in such training annually.

In accordance with Section 222 and the Regulations at 105 CMR 201.008, online training programs will be offered through the Department at no charge to the individual. Individuals who are required to participate in the training shall submit documentation verifying the completion of the training either on line or by another approved method to the [Superintendent/AD?]. Such documentation shall be maintained by the Superintendent or his designee for at least three years.

Prerequisites to Participation in Student Athletics [or Marching Band]

At or before the start of each sport or band season, students/ parents shall provide the following to the Athletic Director or his/her designee:

1. Documentation of the student's annual physical examination;
2. A completed form for Pre-Participation Head Injury/ Concussion Reporting For Extra-curricular Activities ("Pre-Participation Form") which shall include:
 - a. A comprehensive history with up-to-date information relative to concussion history, any history regarding head, face or cervical spine injury and/or any history of co-existent concussion injuries; and
 - b. Signatures of both the parent and the student.
3. A certification of completion for any Department approved course or a signed acknowledgment as to their receipt and review of Department approved written materials. The certification is valid for one school year.

If the student/ parent has not provided the above documentation, the student will not be permitted to participate in the activity, including but not limited to try-outs or practices.

Removal due to Head Injury and Procedures for Returning to the Activity

Any student, who during a practice or competition, sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, shall be removed from the practice or competition immediately and may not return to practice or competition that day. The student must provide a completed Department Post Sports-Related Head Injury Medical Clearance and Authorization Form to the Athletic Director prior to any resumption of participation in an extracurricular athletic activity.

If a student is diagnosed with a concussion, school personnel, including but not limited to teachers, school nurse, and certified athletic trainer, along with parents shall develop a written graduated entry plan for return to full academics and extracurricular activities. Accommodations, may include, as appropriate: provision for physical or cognitive rest; graduated return to classroom studies; estimated time intervals for resuming activities; assessments by the school nurse; periodic medical assessment by a physician until the student is authorized to full classroom and extracurricular activities. The school physician and/or student's physician may be consulted as appropriate in devising the graduated entry plan.

Reporting Requirements

The Athletic Director shall disseminate to coaches and band directors copies of the Pre-participation Form for all of that coach's team or band director's band members. The Athletic Director shall ensure that the nurse receives a copy and reviews any forms that indicate a history of head injury, with review by the school physician and certified athletic trainer if appropriate. The Athletic Director shall also ensure proper dissemination and review of reports relating to head injury during the sports season.

All coaches are required to report any circumstances in which the student was removed from play for suspected head injury, suspected concussion, or loss of consciousness and the nature of the suspected injury to the student's parent in person or by telephone immediately after the competition or practice, with written confirmation to the parent by paper or electronic format no later than the end of the next business day. The coach must also notify the Athletic Director and school nurse of the removal from play and the nature of the suspected injury no later than the end of the next business day. The coach must also complete a Department Report of Head Injury During Sports Season Form and provide it to the Athletic Director, parent, certified athletic trainer and school nurse.

All parents are required to complete and submit Department Report of Head Injury During Sports Season Form to the athletic director if a student sustains a head injury outside of the extracurricular activity.

Publication and Consequences

The portions of these procedures relevant to students shall be published annually in the student handbook.

No student will be permitted to participate in an extracurricular athletic activity unless the student and his/her parents have complied with their obligations under these procedures. Failure of staff to adhere to the requirements herein may result in disciplinary action.

Cross Ref: Mass. Gen. L. CH. 111, Section 222

105 CMR 201.000 et seq.

Related Forms

- Pre-Participation Head Injury/ Concussion Reporting For Sports and Extra-Curricular Activities
- MHS/MVMMS Return to Play Considerations
- MHS/MVMMS Home Instructions
- MHS/MVMMS Information for Treating Physician
- MHS/MVMMS Authorization for Release of Medical Information
- MHS/MVMMS Concussion Reporting
- MHS/MVMMS Concussion Management Protocol Return to Play
- Department Post Sports-Related Head Injury Medical Clearance and Authorization

Sample Letters

- Letter from Athletic Trainer
- Letter Explaining Concussion symptoms
- MHS Guidance Letter
- MVMMS Guidance Letter

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

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

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

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

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

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

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

If yes, please describe the circumstances: _____

Was student diagnosed with a concussion? Yes _____ No _____

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

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

Parent/Guardian:

Name: _____ Signature/Date
(Please print)

Student Athlete:

Signature/Date

MHS/MVMMS Return to Play Consideration Following a Head Injury

Melrose Public School District is proactive in the prevention, recognition, and management of concussions in order to limit the risk of concussions associated with athletics. As well as to limit the potential catastrophic and long term risks associated with sustaining a concussion. Therefore the management and return to play decisions will remain in the realm of clinical judgment on an individual basis by both the Licensed Athletic Trainer and the Physician.

MPSD protocol following a head injury follows a stepwise progression. The athlete should be released from a physician, have a signed UIL approved return to play parent/ athlete consent form, and be symptom free for 24 hours before beginning this progression. The athlete should complete each level and progress to the next (in 24 hour intervals) if they remain asymptomatic both at rest and with exercise. Should the athlete become symptomatic during the progression, they should drop back to the previous asymptomatic level and try to progress after a 24 hour period of rest has passed. If the athlete remains symptomatic for an extended period of time the athlete may need to return to the physician.

Level 1 - Light aerobic exercise - 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise.

Level 2 - Moderate aerobic exercise; 15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Level 3 - Non-contact training drills in full uniform; may begin weight lifting, resistance training, and other exercises.

Level 4 - Full contact practice or training.

Level 5 - Full game play.

Continued post-concussive symptoms, prior concussion history and any diagnostic testing results along with neurocognitive testing and physical exam, will be utilized by a Physician and athletic trainer in establishing a timeline for an athlete's return to activity. It is important to note that this timeline could last over a period of days, weeks, months, or potentially medically disqualify the student from athletics. All cases will be handled on an individual basis.

MHS/MVMMS Home Instructions for Head Injury

_____ (athlete name) received a head injury, commonly called a concussion on _____ (date) while participating in an athletic event. The following are instructions for this person's care over the next few days.

- Do not drive a vehicle
- Rest, No physical activity
- Do not take Aspirin or Ibuprofen (Advil or Motrin)
- Tylenol (Acetaminophen) may be acceptable
- You may sleep, but should be checked on periodically if exhibiting moderate to severe symptoms

Signs and symptoms of a closed head injury do not always present until hours or sometimes days after the initial trauma. Do to this fact; you should be aware of possible signs and symptoms that indicate a significant head injury including but not limited to the following.

- Persistent or repeated vomiting
- Convulsions/ seizure
- Difficulty seeing
- Any peculiar movements of the eyes, or one pupil is larger than the other
- Restless, irritability, or drastic changes in emotional control
- Difficulty walking
- Difficulty speaking or slurred speech
- Progressive or sudden impairment of consciousness
- Bleeding or drainage of fluid from the nose or ears
- Any other abnormal behavior and/or sign or symptom

If any of the above occurs call an ambulance or take the athlete to the hospital Emergency Room.

Emergency Phone Numbers: EMS- 911

Athletic Training Room: _____ Athletic Trainer: _____

Parent/ Guardian Contact: Yes No Notes: _____

MPSD athletes who have sustained a concussion will be required to follow up with their licensed athletic trainer or middle school coach each day until cleared by a physician. Although cleared by a physician, the athlete must still pass the (progressive return to play) protocol before they will be considered for release to full activity.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

MHS/MVMMS Public School District

Return to Play Protocol

Information for Treating Physician

Melrose Public School District has developed a protocol for managing concussions as per The Melrose Public School Return to play protocol". These procedures includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure.

All athletes who sustain head injuries are required to be evaluated by a physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity.

1. The student will be monitored daily at school by the athletic trainer at the high school and the school nurse at the middle school. Accommodations may need to be given according to physician recommendations and observations.
2. High school athletes will be given a neurocognitive test after the concussion. **The athlete's post-injury testing must be within normal before he/she is released to begin activity.**
3. The student must be asymptomatic at rest and with exertion.
4. Once cleared to begin activity, the student will start a progressive return to play protocol. The progressions will advance in 24 hour intervals. The progressions are:

Level 1 - Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise.

Level 2 - Moderate aerobic exercise; 15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Level 3 - Non- contact training drills in full uniform; may begin weight lifting, resistance training, and other exercises.

Level 4 - Full contact practice or training.

Level 5- Full game play.

Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.

For full release to play a physician release, parent/ athlete signed consent and a progressive return to play protocol must be completed and on file.

MHS/MVMMS Authorization for the Release of Medical Information

The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record.

This authorization permits physicians to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties as follows: the athletic trainers, team physicians, and athletic staff (including coaches) of the Melrose Public School District. This information included injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Melrose Public School District will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the head athletic trainer at the respective high school. I understand revocation will not have any effect on actions Melrose Public School District has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Student ID# _____

Printed Name of Student: _____

Student Signature: _____

Printed Name of Parent: _____

Parent Signature: _____

Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee.

Student Name (Please Print)

School Name (Please Print)

Designated school district official verifies:

Please Check

_____ The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.

_____ The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.

_____ The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

School Individual Signature

Date

School Individual Name (Please Print)

Parent or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

Please Check

_____ Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.

_____ Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.

Parent/Responsible Decision-Maker Signature

Date

Parent/Responsible Decision-Maker Name (Please Print)

MHS/MVMMS POST SPORTS-RELATED HEAD INJURY MEDICAL CLEARANCE AND AUTHORIZATION FORM

This medical clearance should be only be provided *after* a graduated return to play plan has been completed and student has been symptom free at all stages. ***The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular athletic activities.***

Student's Name	Sex	Date of Birth	Grade
----------------	-----	---------------	-------

Date of injury: _____ Nature and extent of injury: _____

Symptoms (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Headaches | <input type="checkbox"/> Light/noise sensitivity |
| <input type="checkbox"/> Dizziness/balance problems | <input type="checkbox"/> Double/blurry vision | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Feeling sluggish/"in a fog" | <input type="checkbox"/> Change in sleep patterns | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Irritability/emotional ups and downs | <input type="checkbox"/> Sad or withdrawn |
| <input type="checkbox"/> 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): _____

Name of Physician or Practitioner: _____

-
- Physician Certified Athletic Trainer Nurse Practitioner Neuropsychologist

Address: _____ Phone number: _____

Physician providing consultation/coordination (if not person completing this form): _____

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

Signature: _____ Date: _____

Note: This form may only be completed by: a duly licensed physician; a certified athletic trainer in consultation with a licensed physician; a duly licensed nurse practitioner in consultation with a licensed physician; a duly licensed neuropsychologist in coordination with the physician managing the student's recovery.

Sample Letter

Melrose High School
Sports Medicine
Steven Mirasolo, MEd, ATC, CSCS
Head Athletic Trainer

Concussion

Dear Parent/ Guardian:

Your son/ daughter have sustained a head injury while participating in their sport.

Please pay attention for the following signs/ symptoms while at home.

- Dazed & confused
- Headaches
- Drowsiness/ fogginess
- Dilated or unequal pupil size
- Vomiting or nausea
- Slurring of speech
- In coordination
- Ringing in the ears
- Double vision
- Memory loss--- long term or short term
- Agitation
- Sensitive to light
- Pressure in the head
- Clear fluid leaking from ears or nose

If any of these conditions arise please seek medical attention immediately:

- Your son/ daughter cannot take any aspirin, Tylenol, Advil, or any medication at all for the next 24-48 hours.
- Have your son/ daughter lie down in a quiet room with a warm wash cloth on their head.
- They are not to go to sleep for 6-8 hours, and are to be woken up every 2 hours throughout the night.
- If for any reason you are not sure or have concern please taken them to the Emergency Room.

**Melrose High School
Sports Medicine
Steven Mirasolo, MEd, ATC, CSCS
Head Athletic Trainer**

Concussion

What is a concussion?

- Altered mental status or brain function as the result of a direct or indirect blow to the head.
- Transient disruption of the brain's chemical and electrical processes primarily reflecting a functional disturbance rather than a structural injury.
- May or may not result in loss of consciousness (LOC).
- Not to be considered a “ding” or “having your bell rung”.
- Concussions can have serious consequences if mismanaged.

Sample Guidance Letter

Dear Staff & Teachers of ("Student"),

The school has been notified that (student) recently sustained a concussion. (Student's) doctor has directed that he/she not participate in athletics or physical education related activities for (x) days. Per our school protocol, please allow (student) extended time to complete his/her school work over the next (x) days.

Please be flexible with this student during his/her time of recovery as her/his learning abilities may be impaired and headaches, lack of focus, and other symptoms may present themselves. Therefore, please allow visits to the nurse's office if requested by the student. He/she also may not be able to take any tests during this time of recovery, as directed by his/her physician. If you anticipate administering a quiz or test in his/her class over the next week, please check in with (student) to see how he/she is feeling. If he/she does not feel well, he/she may need additional time to prepare for and take this test.

*Please check in with school nurse with any health concerns you may have about this student. If you have any questions about (student) or his/her concussion status, or his/her academic schedule please don't hesitate to call the nurse or guidance.

Thank you,

Guidance Counselor

Sample Middle School Guidance Letter

Dear Staff & Teachers of ("Student"),

The school has been notified that (student) recently sustained a concussion. (Student's) doctor has directed that he/she not participate in athletics or physical education related activities for (x) days. Per our school protocol, please allow (student) extended time to complete his/her school work over the next (x) days.

Please be flexible with this student during his/her time of recovery as her/his learning abilities may be impaired and headaches, lack of focus, and other symptoms may present themselves. As such, please allow visits to the nurse's office if requested by the student. He/she also may not be able to take any tests during this time of recovery, as directed by his/her physician. If you anticipate administering a quiz or test in his/her class over the next week, please check in with (student) to see how he/she is feeling. If he/she does not feel well, he/she may need additional time to prepare for and take this test.

*Please check in with school nurse with any health concerns you may have about this student. If you have any questions about (student) or his/her concussion status, or his/her academic schedule please don't hesitate to call the nurse or guidance.

Thank you,

Guidance Counselor