

FRAMINGHAM PUBLIC SCHOOLS HEAD INJURY/CONCUSSION POLICY

The Framingham Public Schools (FPS) has established its concussion/head injury policy and management guidelines to ensure the safety and well-being of our student.

In accordance with Massachusetts Department of Public Health regulations, all personnel involved in the prevention, education, management and return to activity decisions for students who sustain head injuries/concussion while participating in extracurricular athletic activities will adhere to district procedure. This will ensure that concussed student athletes are identified, referred appropriately, treated, and receive appropriate support during the school day, including academic assistance. When fully recovered and medically cleared, students will return to all activity.

This policy and procedure will be reviewed as needed, but at least by January 1, every two years. Review will be a collaborative effort to include the athletic director, certified athletic trainer, district nursing staff, the school physician, administrator, and representatives from teaching and guidance staff.

The superintendent/designee assumes responsibility for compliance with this policy and procedure. The athletic director assumes responsibility for implementation of this policy and procedure.

LEGAL REFS:

Massachusetts Department of Public Health, 105 CMR 201.000

First Reading: December 6, 2011

Second Reading: February 7, 2012

FRAMINGHAM PUBLIC SCHOOLS HEAD INJURY/CONCUSSION MANAGEMENT GUIDELINES

Use of this procedure is intended to minimize the effects of sports concussion injuries for student athletes at FHS. A comprehensive approach will be used involving education of athletes, parents, coaches, and school personnel, and the supervision and management of an injured student during a concussion and recovery period. Baseline neuropsychological testing of contact sport athletes, use of a formalized sideline assessment by the certified athletic trainer, follow-up neuropsychological testing of injured athletes, and medical referral and return to participation are included. Although every concussion is different, standardized guidelines for monitoring and management of concussed athletes is essential to implement the most comprehensive and inclusive interventions, monitor recovery, reduce complications, and reduce the risk of repeat brain injury of concussed athletes.

1. Definition: A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness (be “knocked out”) to suffer a concussion.
2. DPH approved pre-participation educational seminars about sports concussion will be provided each season for each sport identified as having a significant level of risk for head trauma. These sports shall include at least: football, soccer, diving, cheerleading, ice hockey, wrestling, basketball, lacrosse, gymnastics, and marching band. All students and parents who plan to participate in extracurricular activities as well as the athletic director (AD), coaches, certified athletic trainers, and school nurses will attend or watch the seminars and provide documentation of completion.
3. All students who wish to participate in extracurricular athletics will provide the school with information regarding any history of concussions, head or spinal injuries. Before the start of every sports season, the student and parent will complete and submit a current “*Pre-participation Form.*” (*Appendix A.*)
4. If a student sustains a head injury or concussion at any time, but not while participating in an extracurricular athletic activity, the parent will complete a “*Report of Head Injury Form.*” (*Appendix B.*)
5. “Pre-participation” and “In-Season Report of Head Injury” forms will be reviewed by school nurses, the certified athletic trainer (ACT), and other medical personnel as deemed appropriate prior to student participation.
6. All athletes from each contact sport will take baseline computerized neuropsychological testing (CNPT) or the equivalent prior to the start of contact activity in their sport.
7. Athletes from each contact sport will have baseline CNPT at least once every two years. Athletes will be required to repeat baseline testing each year if they meet any of the following criteria:
 - a) A concussion injury has occurred within the previous two years.
 - b) There is a history of two or more concussions.
 - c) There is any history of moderate to severe brain injury, or
 - d) There is a history of seizures, cranial surgery, or other neurological disorder.

8. Any student showing signs or symptoms of concussion after a head injury must be removed from the game or practice immediately. The student may not return to play that day and must be properly evaluated by a medical provider before resuming athletic activity.
9. The ACT (on campus) or coach (off campus) will communicate the nature of the injury directly to the parent/ guardian in person or by phone immediately after the practice or competition from which a student has been removed. The ACT will provide information regarding the injury to the parent/guardian in writing ("Report of Head Injury", Appendix B) by the end of the next business day.
10. By the end of the next business day, the coach will alert the ACT and AD of the student's removal from play. The ACT and or AD who will communicate the information to the principal and school nurse.
11. Any participant who suffers a head injury with loss of consciousness shall be evacuated using EMS for immediate evaluation at a local hospital emergency department. Less severe injuries may also be evacuated using EMS dependent upon sideline evaluation. Any athlete suspected of having concussion symptoms, either through sideline assessment, by later report from an athlete, coach, or parent, or by observation by the ACT will not be permitted to leave a venue without a responsible adult supervision.
12. The ACT will be trained to administer a formal sideline concussion assessment for use at practices and contests. Coaches will send any athlete suspected of sustaining a concussion (whether it is incurred during sports or otherwise) to the ACT for assessment and will not return the athlete to play in practices or contests unless sideline assessment by the ACT clears him/her of a suspected concussion. If a concussion is suspected, physician input is required for clearance. If an ACT is not available at a practice or contest, coaches will hold out of play any athlete suspected of having a concussion until he /she is evaluated by his/her primary care provider (PCP).
13. Head Injury/Concussion Guidelines will be explained and provided in writing to the parent/guardian. The ACT will by email, notify the following personnel of the injury: the athlete's PCP, head coach, school nurse, vice principal, guidance counselor, and AD.
14. The concussed athlete must complete a graduated return to play plan before resuming full participation in extracurricular athletic activity.
 - a) The athlete must be completely symptom free *at rest* before beginning a graduated return to play plan.
 - b) To successfully complete such a plan, the student must be completely symptom free *at rest and during exertion*.
 - c) Centers for Disease Control (CDC) step wise "*Return to Play Progression*" (Appendix C) will be followed.
15. The concussed athlete will report to the ACT daily for follow-up review of signs and symptoms.
16. Each student who is diagnosed with a concussion will have an individualized graduated academic reentry plan based on his/her clinical condition. This plan shall be developed using a team approach, including the school nurse, student's teachers, administrator, guidance counselor or other support staff. The development of the plan must include consultation with the student's PCP who made the diagnosis and the health care provider who is managing the student's recovery. (Appendix D)

17. Results of each post-injury CNPT will be emailed to the neuropsychologist or PCP for review. Once the student has completed the graduated return to play, is asymptomatic, and returned to full activities, CNPT will be repeated to check for return of cognitive functioning to the athlete's baseline level at rest.
18. A student athlete who is removed from practice or competition for a head injury or suspected concussion will obtain and present to the ACT, the "Medical Clearance and Authorization Form" (Appendix E) 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.
19. Only the following individuals may authorize a student to return to play:
 - a) licensed physician
 - b) ACT in consultation with a licensed physician
 - c) licensed nurse practitioner in consultation with a licensed physician in consultation with the ACT
 - d) licensed neuropsychologist in coordination with the physician managing the student's recovery. (105:CMR201.000 201.011)
20. Once an athlete has been cleared to return to regular sports participation, the ACT will notify the head coach, school nurse, principal and AD by email.
21. A third concussion in the same season will result in ending athlete participation for the season. Re-entry into FHS athletics participation will be considered on an individual basis with input from the student's PCP.
22. The AD will be informed by the ACT, coaches, or neuropsychologist of any cases involving departure from above-listed guidelines.
23. Athletes who show extended recovery periods (generally 6 weeks or more) will be considered for graduated exercise training as deemed appropriate by the physician managing the student's recovery and the ACT, informed by ongoing research and clinical guidelines in concussion management.
24. All records will be maintained in the Athletic Department Office.

References

MIAA; Massachusetts Department of Public Health, 105 CMR 201.000.
http://www.cdc.gov/concussion/pdf/TBI_Returning_to_School-a.pdf
http://www.cdc.gov/concussion/headsup/return_to_play.html
<http://www.cdc.gov/concussion/HeadsUp/schools.html>
http://www.cdc.gov/concussion/headsup/pdf/ACE_care_plan_returning_to_work-a.pdf