

Athol-Royalston Regional School District

Management of Sports-Related Head Injuries

Medical management of sports-related concussion continues to evolve. Recently, there has been a significant amount of new research regarding sports-related concussions in high school athletes, including the July 19, 2010 Massachusetts General Law regarding interscholastic athletic head injury safety training program. The Athletic Department has established this protocol to provide education about concussion for coaches, parents and athletes. This protocol outlines procedures for staff to follow in managing concussions, and outlines school policy as it pertains to return to play issues following a concussion.

The Athol-Royalston Regional School District seeks to provide a safe return to activity for all athletes following any injury, but particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in insuring that concussed athletes are identified, treated and referred appropriately.

The athletic department shall review this protocol annually. Any changes or modifications will be reviewed and given to athletic department staff, including coaches and other appropriate school personnel in writing. All athletic department staff shall attend a yearly in-service meeting in which procedures for managing sports-related concussion are discussed.

Concussion Information: Additional to the Massachusetts General Law regarding Head Injuries, the Massachusetts Interscholastic Athletic Administration (MIAA) Board of Directors adopted a policy concerning concussions. This policy applies to all member schools including Athol High School and Athol-Royalston Middle School. The MIAA 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 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:

Recognition of Concussion

Signs (observed by others):

- Athlete appears dazed or stunned
- Confusion
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit
- Loss of consciousness (any duration)

Symptoms (reported by athlete):

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels “foggy”
- Problems concentrating
- Problems remembering

These signs and symptoms following a witnessed or suspected blow to the head or body are indicative of probable concussion. Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest or practice and shall not return to play until cleared by an appropriate health care professional. (per MIAA rule, approved by MA Legislature in 2010).

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Guidelines and Procedures for Coaches, Parents and Athletes

Before season actions for coaches

1. Should become familiar with the signs and symptoms of concussion that are described above.
2. Must complete NIAAA Course: **Concussion in Sports - What You Need To Know**
Certification must be renewed annually

Before season actions for parents and athletes

1. Required to annually attend a Pre-Season Sports Parent-Athlete Meeting to be refreshed on Head Injury related policies, protocol and procedures information.
2. Complete the **Pre-Participation Head Injury/Concussion Reporting Form**

Remove from activity

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.

“When in doubt, sit ‘em out”

Refer the athlete for medical evaluation

1. The coach is responsible to begin the **Head Injury Procedures and Return to Play Protocol**.
2. In the event that an athlete’s parents cannot be reached, and the athlete is able to be sent home (rather than directly to MD):
 - The coach should insure that the athlete will be with a responsible individual, who is capable of monitoring the athlete.
 - The coach should continue efforts to reach a parent.
 - If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to an Emergency Department for evaluation. An adult should accompany the athlete and remain with the athlete until a parent arrives.

Athletes with suspected head injuries should not be permitted to drive home.

3. Coaches should seek assistance from the host site certified athletic trainer (ATC) or team physician, if available at an away contest.

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Head Injury and Return to Play Protocol

If any symptoms of concussions or head injuries 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 immediately.
- *The coach will notify parent/guardian and require follow up with athlete's health care provider.
- *The coach will notify the Athletic Director.
- *The Athletic Director 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 Protocol.

Return to Play Protocol:

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

1. Athlete may not participate in practice, play or Gradual Return to Play Plan until written clearance by an appropriate health care professional: physician (MD, DO), physicians assistant (PA), or nurse practitioner (NP). See form: ***ARRSD Head Injury Incident Form***
2. If concussion is diagnosed by health care professional; athlete must complete Gradual Return to Play Plan.
3. Coach and Athletic Director meet to discuss the athletes Gradual Return to Play Plan.
4. Athlete returns to health care professional for ***Post Sports-Related Head Injury Clearance and Authorization Form***
5. Athletic Director notifies coach of clearance and gives copies of the completed ***Head Injury Incident Form and Post Sports-Related Head Injury Clearance and Authorization Form*** to the School Nurse and Superintendants Office.

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GRADUAL RETURN TO PLAY PLAN

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. **Move to the next level of activity only if you do not experience any symptoms at the present level.** If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weight lifting (low weight, moderate reps, no bench, no squats).

Day 2: 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 reduced weight from your typical routine).

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

Day 4: Sports specific practice.

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

Day 6: Return to competition.

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**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: _____

AUTHORIZATION TO SHARE MEDICAL INFORMATION TO APPROPRIATE SCHOOL STAFF

Parent/Guardian:

Name: _____ Signature/Date _____

(Please print)

Student Athlete:

Signature/Date _____

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HEAD INJURY INCIDENT FORM

PART A: Part A of this incident form should be completed by the supervising coach of the athlete and then given to Parent/Guardian for initial visit to *health care professional*.

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:

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 _____

PART B: Part B of this incident form to be completed by health care professional.

Name of Physician or Practitioner: _____

Physician Certified Athletic Trainer Nurse Practitioner Neuropsychologist

Address: _____ Phone number: _____

Diagnosis: Concussion: Grade Level _____ Other: _____

The following are the return to sport recommendations at the present time:

_____ May not return to practice or competition at this time. Return to office in _____ day(s).

_____ May return to practice and begin Gradual Return to Play Plan with the following restriction:

_____ May begin Gradual Return to Play Plan when clear of all symptoms for _____ consecutive day(s).

_____ May return to full participation in practice and competition immediately without restrictions.

Signature: _____

Date: _____

