Diocese of Fall River Concussion Policy

The Diocese of Fall River and the Catholic Schools Office is committed to ensuring the health and safety of our students. The following concussion policy utilizes the latest in medical research to prevent and treat head injuries and is in compliance with MIAA policy and with the Commonwealth of Massachusetts Law Chapter 166: An Act Relative to the Safety Regulations for School Athletic Programs:

Documentation

In addition to annual physical and all medical history and permissions located in Family ID, all head, face or neck injuries sustained prior to each season must be reported by parents/guardians in the Concussion Reporting section of the Family ID registration will be reviewed and documented by the Athletic Trainer. Coaches will be informed prior to the beginning of each season of all students within their program who have previously experienced concussions. Parents/Guardians and students must report any head, face or neck injury immediately to the school Athletic Trainer and/or the Athletic Director. ImPact testing must be completed prior to grade 9 and 11.

The school may use a student's history of head injury or concussion as a factor to determine whether to allow the student to participate in an extracurricular athletic activity or whether to allow participation under specific conditions or modifications.

In the event of a head injury or suspected concussion, the school Athletic Trainer will obtain a Department of Public Health **Report of a Head Injury During Sports Season Form**. The school Athletic Trainer will keep record of the forms to report to the Department of Public Health at the end of each school year.

Return to Play Process:

Athletes must complete the following step-wise process prior to returning to play following a concussion:

- Removal from contest following signs and symptoms of concussion.
- No return to play in current game or practice.
- Medical evaluation following injury.

Removal from contest and Evaluation

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 the practice or competition that day. The coach, teacher or volunteer will communicate the nature of the injury directly to the parent in person or by phone immediately after. The coach, teacher or volunteer must also notify the Athletic Director and either the Athletic Trainer or school nurse within the next business day after removing the student from participation. The Athletic Trainer or school nurse will then evaluate the student, if possible, and notify the student's parent/guardian of the evaluation in person or by phone. If a concussion is suspected, the student will be referred for further evaluation by a medical provider.

Return to Play

Criteria for return after a concussion/brain injury/ head injury (must complete all steps below):

1. Clearance from a medical professional in writing.
2. School's Athletic Trainer has the final decision regarding return to play.
3. Student is to be completely asymptomatic
4. Student tests as Normal in ImPACT testing.
5. Completed supervised graduated return-to-play protocol. The steps must be completed without return of any symptoms. If any symptoms return or persist, the athlete returns to the previous asymptomatic step and attempts to progress again after being free of concussion-related symptoms for additional 24 our period.
    1. No activity – complete rest until all symptoms subside
    2. 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 weightlifting (low weight-moderate reps, no bench, no squats).
    3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and/or reduced weight from your typical routine).
    4. 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.).
    5. Sports specific practice. **Post Sports-Related Head Injury Medical Clearance and Authorization Form is to be submitted upon completion of this step.**
    6. Full contact (if appropriate) in a controlled drill or practice. Physician or medical provider should sign the medical clearance form before full contact is practiced.
    7. Return to competition.

Return to Academics/Non-Athletic Extracurricular Activities

In the event that a student suffers a concussion, the school will implement a graduated school reentry plan based on accommodations prescribed by the student's medical provider and facilitated by the school staff, including the concussed student's teachers, guidance counselor, school nurse and Athletic Trainer, along with student's parent(s)/guardian. This plan should support the student's return to academic and non-athletic extracurricular activities, and provide a framework for an unrestricted return. A written accommodation plan for the student must communicate to the school what temporary accommodations and supports are necessary for the student to participate in student life. Any student who is utilizing academic modifications or accommodations for symptoms related to a concussion are ineligible to begin a return to play in athletics. The concussed student may only begin the return to play protocol in athletics once the physician has cleared them for a full return to academics AND cleared them to begin the return-to-play protocol.

Education

All coaches, athletic trainers, volunteers, school nurses, athletic director, student-athlete parent(s)/guardian(s), and student-athletes involved in their School's Athletics are required to complete the Concussion Education Course offered by the National Federation of State High School Associations

(NFHS) on an annual basis.

Link to parent/coach course -https://nfhslearn.com/courses/61151/concussion-in-sports

Link to student course - https://nfhslearn.com/courses/61059/concussion-for-students

In order to minimize sports related-head injury, the Athletic Trainer, coaches, and volunteers will teach form, techniques, skills, and promote equipment use to minimize sports-related head injuries. Coaches may also prohibit athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, such as using a helmet or any other sports equipment as a weapon.

ImPACT Concussion Management Program

Student-Athletes are required to use the ImPACT Concussion Management Program in order to participate in athletics. Administered by the Athletic Trainer, ImPACT is a state-of-the-art computer-based program developed to help clinicians evaluate recovery during a concussion. The goal is to create a safer environment for our student-athletes through education, awareness, and clinical care. ImPact testing will be completed prior to grade 9 and 11, and is a requirement for return to play.

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

NOTE: Complete this form **AFTER** the student is back in the classroom full-time without concussion-related academic accommodation(s) and has completed stages 1-4 of the gradual return to play protocol.

Student's Name:	**Date of Birth:**	**Grade:**

Date of Injury: _____ Other Relevant Diagnosis: _____

Asymptomatic: Yes: ❑ No ❑

Prior concussions (number, approximate dates):

_____

By signing this form:

I attest that I have received clinical training in post-traumatic head injury assessment and management that is approved by the Department of Public Health[i] or have received equivalent training as part of my licensure or continuing education.

Type of Training completed[ii]:
❑ CDC online clinician training ❑Other MDPH approved Clinical Training

❑ Other (Describe): _____

I certify that the above named student has completed stages 1-4 of the gradual return to play protocol[iii] and is cleared for full activity without restriction.

Practitioner's Name: _____ Phone Number: _____

Practitioner's Signature: _____ Date: _____

License Number: _____ Associated Hospital/Organization_____

Type of Practitioner**:**
❑ Physician ❑ Licensed Athletic Trainer ❑ Nurse Practitioner ❑ Neuropsychologist ❑ Physician Assistant

Name of the physician providing consultation/coordination/supervision (if not person completing this form):

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A Parent's / Guardian's Guide To Concussion
National Federation of State High School Associations
(NFHS) Sports Medicine Advisory Committee (SMAC)

What is a concussion?

- A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently moved within the skull, typically from a blow to the head or body. An athlete does not need to lose consciousness (be "knocked-out") to suffer a concussion. In fact, less than ten percent of concussed athletes suffer loss of consciousness.

Concussion Facts

- A concussion is a type of traumatic brain injury. The result is a functional problem rather than a clear structural injury, causing it to be invisible to standard medical imaging (CT, or "CAT" scans, and MRI scans).
- It is estimated that over 300,000 high school athletes across the United States suffer a concussion each year. (Data from the NFHS Injury Surveillance System, "High School RIOTM")
- Concussions occur most frequently in football, but ice hockey, lacrosse, soccer, and basketball follow closely behind. All athletes are at risk, in all activities, regardless of gender.
- A concussion may cause multiple symptoms that can be categorized as physical, behavioral, and cognitive. Physical symptoms include headaches, dizziness, and sleep changes, among others. Some behavioral changes include irritability, anxiety, and depression. Cognitive symptoms, or thinking changes, include trouble with focus, memory, and word finding. Many symptoms appear immediately after the injury, while others may develop over the next several days. Concussions can result in symptoms that interfere with normal daily life in addition to difficulty with school, work, and social life.
- Concussion symptoms may last from a few days to several months. It is important to remember that each student athlete responds and recovers differently.
- Athletes should not return to sports or activities that will put them at risk for another head injury until the concussion has completely resolved. To do so puts them at risk for prolonged symptoms and a more severe injury. Participation in physical education classes or exercise should be discussed with a qualified appropriate health-care professional.

What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, the athlete must be immediately removed from that activity and be evaluated by a qualified appropriate health-care professional. Continuing to exercise, practice, or play when experiencing concussion symptoms can lead to worsening of symptoms, increased risk for further injury and rarely death. Parents and coaches are not expected to make the diagnosis of a concussion. A medical professional trained in the diagnosis and management of concussions will do so. However, you must be aware of the signs and symptoms of a concussion. If you are suspicious that your child has suffered a concussion, your child must stop activity right away and be evaluated.

When in doubt, sit them out!

All student-athletes who sustain a concussion need to be evaluated by a health care professional who is experienced in concussion management. If your child's school has an athletic trainer (AT), please inform the AT of your concerns. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or difficulty answering simple questions, you should take your child for immediate emergency medical attention.

What are the signs and symptoms of a concussion?

SIGNS OBSERVED BY PARENTS, ATHLETIC TRAINERS, FRIENDS, TEACHERS OR COACHES

- Appears dazed or stunned
- Is confused about what to do
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly loses consciousness
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit

SYMPTOMS REPORTED BY ATHLETE

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

When can an athlete return to play following a concussion?

After suffering a concussion, no athlete should EVER return to play or practice on that same day. Studies have shown that the young brain does not recover quickly enough for an athlete to safely return to activity in such a short time.

Concerns over athletes returning to play too quickly have led lawmakers in all 50 states and the District of Columbia to pass laws stating that no player shall return to play the day of a concussion, and the athlete must be cleared by an appropriate health-care professional before being allowed to return to play in games or practices. The laws typically also mandate that players, parents and coaches receive education on the dangers and recognizing the signs and symptoms of concussion. Click here to see what your state law requires:
http://usafootball.com/blog/health-and-safety/see-whereyour-state-stands-concussion-law.

Once an athlete no longer has symptoms of a concussion AND is cleared for return to play, the athlete should proceed with activity in a step-wise fashion in a carefully controlled and monitored environment to allow the brain to re-adjust to exertion. On average, the athlete will complete a new step every 24

hours. Please be aware that some states mandate for a longer duration before return to play. An example of a typical return-to-play schedule is shown below:

Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.

Step 2: Running in the gym or on the field. No helmet or other equipment.

Step 3: Non-contact training drills in full equipment. Weight training can begin.

Step 4: Full contact practice or training.

Step 5: Game play.

If symptoms occur at any step, the athlete should immediately stop activity and consult with a qualified appropriate health-care professional before moving on.

How can a concussion affect schoolwork?

Following a concussion, many student-athletes have difficulty in school. These problems may last from days to months and often involve difficulties with short-term memory, concentration and organization.

In many cases after the injury, it is best to decrease the athlete's class load early in the recovery phase. This may include staying home from school for a few days, followed by academic adjustments (such as a reduced class schedule), until the athlete has fully recovered. Decreasing the stress on the brain and not allowing the athlete to push through symptoms will hasten the recovery time and ensure total resolution of symptoms.

What can I do?

- Both you and your child should learn to recognize the "Signs and Symptoms" of concussion as listed above.
- Encourage your child to tell the medical and/or coaching staff if any of these signs and symptoms appear after a blow to the head or body.
- Emphasize to administrators, coaches, physicians, athletic trainers, teachers and other parents your concerns and expectations about concussion and safe play.
- Encourage your child to tell the medical and coaching staff if there is suspicion that a teammate has suffered a concussion.
- Ask teachers to monitor any decrease in grades or changes in behavior in students that could indicate a concussion.
- Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season's sports.

Click here for more information about returning to school after a concussion: http://www.cdc.gov/headsup/basics/return_to_school.html

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Resources

"A Parent's Guide to Concussion in Sports." National Federation of State High School Associations. NFHS Sports Medicine Advisory Committee, April 2016.

https://www.nfhs.org/media/1014739/parents_guardians_guide_to_concussion_final_2016.pdf

"Concussion Resource Center." ImPact Test. ImPACT Applications, Inc., 2010. http://impacttest.com/concussion/overview.

"Consensus Statement on Concussion in Sport – the 5th International Conference on Concussion in Sport Held in Berlin, October 2016." British Journal of Sports Medicine. 10.1136 (2017): 1-10 https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097699.full.pdf

"Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport Held in Zurich, November 2008." Clinical Journal of Sport Medicine. 19.3 (2009): 185-200. http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx.

Halstead, Mark E., and Kevin D. Walter. "Sport-Related Concussion in Children and Adolescents." American Academy of Pediatrics. 126.3 (2010): 597-615. http://aappolicy.aappublications.org/cgi/content/full/pediatrics;126/3/597.

"Returning to School After a Concussion: Guidelines for Massachusetts Schools." Massachusetts Department of Public Health. (2018). https://www.mass.gov/lists/returning-to-school-after-concussion-guidelines-for-massachusetts-schools

[i] MDPH approved Clinical Training options can be found at: https://www.mass.gov/service-details/concussion-trainings

[ii] Completion of this section is required for a student to be cleared to return to play

[iii] See "How to Guide a Conversation about Gradual Return to Play Protocol" for additional information about the stages of the gradual return to play protocol.