

Haverhill Public School



Concussion Procedures

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Section 1- Persons Responsible

Name	Position

Section 2- Annual Training

The Commonwealth of Massachusetts requires that the following persons shall receive MDPH-approved annual training in sports-related concussions: Coaches, Certified Athletic Trainers, Volunteers, School and Team Physicians, school nurses, athletic directors, marching band directors, parents/ guardians of student-athletes, and student-athletes.

MDPH has approved the following online course: CDC Heads UP.

(<https://www.train.org/cdctrain/course/1089862/details>). At the start of each season, students and parents will be provided with this link.

In accordance with MA regulation 105 CMR 201.006(A)(2) the Athletic Director shall maintain a record of persons trained.

Section 3-Documentation of Physical Examination

Every student-athlete shall have a physical examination on an annual basis, within 13 months of the last exam on file. Any student-athlete who does not have a current physical on file with the nurse, prior to the first day of tryouts/ practice, is not eligible until a new/updated physical is turned in. If the student's physical expires during the sports season, the athlete must have an updated physical to continue to participate in the sports season. All physicals shall be turned in to the nurse, not the coach.

Section 4-Pre-Participation Head Injury Reporting Forms, Submission, and Review

Per MA Regulation 105 CMR 201.006 (A)(4) all student-athletes shall turn in the *Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Athletic Activities*, which has been completed by a parent or guardian. Until the pre-participation form is completed

and signed by the parent/ guardian and student, and returned to the school the student-athlete cannot participate in the extracurricular sports activity

The decision to allow a player with a reported history of multiple concussions on the pre-participation form should be made only after consultation with the student's healthcare provider.

Section 4-A Baseline Assessment

Baseline assessment and use of neurocognitive testing should be done on all students agreed upon by the concussion team. ImPact testing will be used.

1. Neurocognitive testing is recommended to establish a baseline level of cognitive functioning.
2. All the above-listed contact sports students should be required to take a baseline neurocognitive test prior to participation in sports (usually freshman year, then again in junior year). Information will be disseminated and parental/guardian permission will be required prior to testing.
3. Baseline testing should be conducted under the auspices of a licensed athletic trainer or other designated school personnel trained in test administration in a controlled computer lab environment.
4. Neurocognitive testing baseline data shall be reviewed by an individual trained in administration and interpretation of such results, and under the supervision of or in consultation with a qualified neuropsychologist. Students with invalid baseline scores as identified by the ImPACT software will be discussed with the athletic trainer and considered for retesting.
5. Students in contact sports listed above are required to take a "new" baseline test prior to participation in their junior year. Students who are new to a sport or new to the school will be tested prior to sports participation regardless of year in school to ensure a valid baseline.
6. Computerized testing should be scheduled with adequate supervision
 - a. At least one trained proctor should be present.
 - b. The background information takes about 10-15 minutes.
 - c. Current symptoms mean "in the last 24 hours."
 - d. The tests themselves take about 20 minutes. Tell students to read instructions twice before starting each test. Ask questions before starting the module. Some modules keep going whether you answer or not.
 - e. The tests can detect; faking - that is, trying to get bad results on baseline testing. Students may be asked to retake the test if it appears they were not trying.
 - f. When finished, students should raise their hand to let the proctor know they are finished; the proctor will log the computer out.

Section 5- Medical/ Nursing Review of Pre-Participation Forms

At the start of each sports season, the Athletic Director will review all pre-participation forms and forward to the school nurse those forms indicating a history of head injury.

The school nurse will be responsible for:

- Reviewing completed pre-participation forms

- Addressing any questions raised by the Athletic Director
- Communicating with the athletic director and athletic trainers regarding the student's concussion history and discussing concerns
- Following up with parents and students as needed prior to the student's participation in extracurricular athletic activities.

Section 6- Medical/ Nursing Review of Reports of Head Injury During the Season

The following procedures will be followed when an athlete receives a head injury:

- Athletes are removed from the contest or practice.
- The certified athletic trainer conducts a Standardized Assessment of Concussion and completes the "Report of Head Injury During Sports Season Form".
- If a certified athletic trainer is not available, the coach completes the "Report of Head Injury During Sports Season Form"
- The certified athletic trainer/coach will give the "Report of Head Injury During Sports Season Form" to the Director of Athletics.
- The Director of Athletics will notify the school nurse and/or school physician (if appropriate) who will review the Report of Head Injury form.
- The student will be advised to seek medical guidance from PCP, Hospital, or Urgent care. All medical notes regarding the student's concussion will be provided to the school nurse. If the student-athlete is sent for evaluation they will be provided a blank ACE care plan for MD to fill out. This form shall be returned to the school nurse.
- School nurses will contact the athlete's guidance counselor who will reach out to all of the students' teachers.

Section 7- Procedure for Reporting Head Injuries to School Nurses and Certified Athletic Trainers

When a student-athlete obtains a head injury during an extracurricular athletic activity, the following steps shall be followed:

1. Certified athletic trainer evaluates the student-athlete. If further evaluation is deemed necessary by athletic trainers students will be evaluated by a physician. Students will return documents to the school nurse, not the athletic department.
2. Coach completes a Report of Head Injury Form and sends a copy to the Athletic Director, and the school nurse
3. The school nurse notifies the student's guidance counselor, who will notify teachers of the physician's recommendations for returning to school.
4. Coaches and athletic trainers ensure that the student adheres to the Return to Play guidelines.

Section 8- Removing Athletes from Play and Medical Evaluation

In the event that a student-athlete receives a head injury, the certified athletic trainer will use the most recent Sports Concussion Assessment Tool (SCAT), or other standard tool for sideline cognitive assessment to assess and document the student-athlete's injury.

Section 8-A

When an athlete loses consciousness for any reason, the athletic trainer will start the Emergency Action Plan:

- Activate EMS
- Recognize ABC's
- Stabilize the C-spine
- Transport the injured athlete to the local hospital via ambulance.

If the athletic trainer is not present, the coach should call EMS immediately, check ABCs, and not move the athlete until help arrives.

Section 8-B

The athletic trainer will also report on the student athlete's signs and symptoms of a concussion by using the Signs and Symptoms Check-List.

- The athletic trainer will check the pulse and blood pressure of each student-athlete with a suspected concussion.
- After the initial evaluation of a concussion, all signs and symptoms will be tracked using the NRH Symptom Card.

Section 8-C Sideline Management of Sports-Related Concussion– General Guidelines

- Sideline assessment will be administered by the athletic trainer to every athlete suspected of sustaining a potential concussion-causing injury and/or displaying concussion-like signs and symptoms. The athletic trainer will assess orientation, memory, concentration, and other symptoms.
- History and oral examination, special tests, and physical exertion will determine the presence and severity of the concussion and help the athletic trainer identify the appropriate referral course.
- Ideally, the sideline evaluation will be completed by the athletic trainer using a sideline cognitive test. (i.e., SCAT6). This includes a clinical examination, including cervical spine and neurologic evaluation at the time of injury, should be conducted initially, and repeated during recovery.
- Any athlete suspected of having a concussion by the athletic trainer, coach or school designated representatives should be removed from play for the remainder of that day's game or practice.

Section 8- D On-field Management of Sports Related Concussion IN THE ABSENCE OF ATHLETIC TRAINER – General Guidelines

- Any athlete with a witnessed loss of consciousness (LOC) of any duration should be transported immediately to the nearest emergency department via an emergency vehicle.

- Any athlete who has symptoms of a concussion, and who is not stable (i.e., their condition is changing or deteriorating), is to be transported immediately to the nearest emergency department via emergency vehicle.
- An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
 1. Deterioration of neurological function.
 2. Decreasing level of consciousness.
 3. Decrease or irregularity in respirations.
 4. Decrease or irregularity in pulse.
 5. Unequal, dilated, or unreactive pupils.
 6. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 7. Mental status changes: increasing lethargy, confusion, or agitation, and/or difficulty maintaining arousal.
 8. Seizure/posturing activity
 9. Vomiting after sustaining a potentially concussion-causing injury
- An athlete who is symptomatic but stable may be transported by his or her parents. The parents should be advised to contact the athlete's primary care physician or seek care at the nearest emergency department, on the day of the injury.
- The coach/athletic director should contact the athletic trainer to advise him/her of the injury.
- **ALWAYS** give parents the option of emergency transportation, even if you do not feel it is necessary.

Section 9: Medical Clearance for Return to Play and Learn

Once a student has been diagnosed with a concussion by a medical provider the concussion workflow shall be followed:

- Student diagnosed with a concussion by the provider
- Provider notes received by the nursing department. If notes are received by athletics they are to be sent to the nursing office
- If the note is not in the Acute Concussion Evaluation (ACE) plan format nursing to reach out to the provider
- Nursing to share ACE plan with guidance, teachers, PE, athletics, and admin as appropriate
- Student to check in with nursing 1 time per week, more frequently if deemed necessary
- NRH (Northeast Rehab Hospital) symptom card will be used for nursing check-ins
- Google Form will be updated by nursing and athletics as information is available regarding steps and clearance.
- Guidance to update teachers with current care plan

Section 9-A- Entering the plan

When ACE plan is received, the following should be entered in SNAP

1. Enter health condition - Concussion occurred during inside-of-school activities or concussion occurred during outside-of-school activities only
2. Make sure the health alert is checked off
3. Enter the date of concussion
4. When cleared enter the end date on the comments and deactivate the condition

Section 9-B Post Injury Testing

Following a diagnosed concussion made by a healthcare provider, the student-athlete will take a post-injury test within 24 to 48 hours following the head injury. STUDENT-ATHLETES WILL NOT BE ALLOWED TO MOVE ONTO FUNCTIONAL/PHYSICAL TESTING UNTIL THEIR IMPACT TEST IS BACK TO THE BASELINE SCORE AND THEY ARE ASYMPTOMATIC. After a student-athlete takes their first post-injury test, they will not be re-tested again for 5 days.

1. If after the first post-injury IMPACT test the athlete is not back to his/her baseline, the parent(s) or legal guardian(s) will be notified, and the student-athlete will be referred back to their healthcare provider and must have the Concussion Information and Gradual Return to Play form signed by a physician, licensed neuropsychologist, nurse practitioner or certified athletic trainer starting when the athlete is allowed to return play.
2. Following a post-injury test, the certified athletic trainer will take the Concussion Information and Gradual Return to Play form signed by the parent(s) or legal guardian(s) and fill in the date of all post-injury tests taken by each student-athlete. The certified athletic trainer will also document the date on which the athlete is asymptomatic and sign the document agreeing that all the above statements are true and accurate.
3. Once the athlete completes the exertional post-concussion tests, the parent(s) or legal guardian will be notified and the athlete will be sent home with all signed documents relating to head injury. At this time the parent(s) or legal guardian must bring the student-athlete to a licensed physician, licensed neuropsychologist, nurse practitioner, or certified athletic trainer to be medically cleared for participation in extracurricular athletic activities.
4. Once a student athlete's post-injury test is back at the student athlete's baseline score they will go through 5 days of Exertional Post Concussion Tests. The student-athlete must be asymptomatic for all functional and physical tests to return to play (RTP). All tests will be administered by a certified athletic trainer.

Section 10: Developmental and Implementation of Post-Concussion Graduated Reentry Plans

Any medical documentation or doctor's note shall be followed regarding the return to play. Student-athletes, and their guardians, should make every attempt to obtain a signed ACE care plan from their physician, which outlines Return to Play and Return to Learn.

1. Returning to participate on the same day of injury
 - a. A student who exhibits signs or symptoms of concussion shall not be permitted to return to play on the day of the injury.
 - b. Any student who denies symptoms but has abnormal sideline cognitive testing should be held out of activity.
 - c. "When in doubt, hold them out."
2. Return to play after concussion
 - a. The student must meet all of the following criteria in order to progress to activity:
 - b. Asymptomatic at rest and with exertion (including mental exertion in school) AND:
3. Within normal range of baseline on post-concussion neurocognitive testing
 - a. When clinically indicated, asymptomatic students who have not yet returned to baseline on cognitive tests may begin a daily program of light walking as long as symptoms do not return.
 - b. Have written clearance from a primary care physician or specialist if they saw a physician for this injury. (This clearance cannot be provided by the Emergency Room physician.)
4. Treatment during recovery
 - a. If symptoms worsen or recur at any point throughout recovery, the level of activity should be regressed.
 - b. School activities can proceed as long as the student does not experience an increase in physical, cognitive, somatic or emotional symptoms; any increase should result in a reduction in the level of activity.
 - c. School personnel should be notified of status changes.
5. Once the above criteria are met, the student will be progressed back to full activity following a stepwise process, (as recommended by both the Zurich and NATA Statements) under the supervision of the athletic trainer.
6. Progression is individualized and will be determined on a case-by-case basis.
 - a. Factors that may affect the rate of progression include previous history of concussion, duration and type of symptoms, and age of the student.
 - b. A student with a prior history of concussion, one who has had severe or prolonged symptoms should be progressed more slowly. In students with previous concussions, slower progression (e.g., 48 hours between stages) may be appropriate.
 - c. See further specifics regarding past concussions in the physician referral section at the end of the document.

7. Stepwise progression based on the Zurich Statement recommendations with 24-48 hours between stages, determined on a case by case basis considering past concussion history and severity of the current concussion, will begin after the student has been asymptomatic for 24 hours. (Appendix F) A sample progression is detailed below:

- a. Only light, sub-symptom activities of daily living including physical and mental activity should be allowed. Do not progress to step b until asymptomatic and cognitive tests are within normal limits. When clinically indicated, asymptomatic students who have not yet returned to baseline on cognitive tests may begin a daily program of light walking as long as symptoms do not return.
- b. Stage 1 of RTP progression: Light aerobic, nonimpact, exercise – e.g., walking, stationary bike, supervised by athletic trainer.
- c. Stage 2 of RTP progression: Light aerobic exercise – e.g., jogging on field, track or treadmill, supervised by athletic trainer.
- d. Stage 3 of RTP progression: Sport-specific training - progress aerobic activities depending on the student's sport and position (to include sprinting, stop/start, cutting as indicated), incorporate progressive balance training, increasing difficulty of balance task and adding toss and catch over the next several stages supervised by athletic trainer.
- e. Stage 4 of RTP progression: Non-contact (no hitting, no scrimmaging, and no heading) training drills with team.
- f. Stage 5 of RTP progression: Full contact practice (no game play) with team.
- g. Stage 6 of RTP progression: Released for game play.

***Note:** If the student experiences post-concussion symptoms during any stage, activity should cease for that day until symptoms have again resolved. Once the student has a new 24-hour asymptomatic period, the student may resume the RTP progression beginning at the previous asymptomatic level.

8. If symptoms (self-report and/or sub-baseline test scores) persist for more than 10-14 days post-injury, referral to a physician with expertise in managing concussions should be considered.

9. Stages 1-3 are to be supervised by the athletic trainer. Stages 4-6 can be supervised by the team coach after she or he has received specific instructions from the athletic trainer.

10. Progression through RTP stages is to be approved by athletic trainers ONLY, and not left up to the coach.

11. The student should see the athletic trainer daily for re-assessment and instructions until he, or she, has progressed to unrestricted activity (i.e., Stage 6). This daily monitoring should continue until the concussion has resolved regardless of whether the student's sports season has ended.

12. Coaches should be instructed to be aware that the athletic trainer will be providing such guidance and should not allow the student to participate until he has spoken to the athletic trainer each day.

Section 11: Providing Information, Forms, and Materials to Parents/ Guardians, and Athletes

Section 11-A: Annual Training Requirement

- Parents/ guardians and students who plan to participate in any athletic program must also take a free online course. MDPH has approved the following online course: CDC Heads UP. (<https://www.train.org/cdctrain/course/1089862/details>).

Section 11-B-Procedure for the School to notify Parents When an Athlete Has Been Removed from play for a Head Injury or Suspected Concussion

- Parents shall be notified on the day of the suspected concussion. A post Concussion Care Instruction Sheet shall be given to the student or parent/guardian. Students should not drive if a concussion is suspected. Alternative transportation should be coordinated by the injured student, parent/guardian, coaches, athletic trainer, nurse, or Athletic Director.

Section 11-C- Protocol For Parents/Guardians/Students to Obtain Medical Clearance for Return to Play and Academics After a Diagnosed Concussion

The student must meet all of the following criteria in order to progress to activity:

- a. Asymptomatic at rest and with exertion (including mental exertion in school) AND:
- b. Within normal range of baseline on post-concussion neurocognitive testing
- c. When clinically indicated, asymptomatic students who have not yet returned to baseline on cognitive tests may begin a daily program of light walking as long as symptoms do not return.

- d. Have written clearance from a primary care physician or specialist if they saw a physician for this injury. (This clearance cannot be provided by the Emergency Room physician.)

Section 11-D- Completion of the Pre-Participation Form

Per MA Regulation 105 CMR 201.006 (A)(4) all student-athletes shall turn in the *Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Athletic Activities*, which has been completed by a parent or guardian. Until the pre-participation form is completed and signed by the parent/ guardian and student, and returned to the school the student-athlete cannot participate in the extracurricular sports activity

The decision to allow a player with a reported history of multiple concussions on the pre-participation form should be made only after consultation with the student's healthcare provider.

Section 11-E- Completion of Report of a Head Injury Form

Per MA Regulation 105 CMR 201.006 (A)(4) all student-athletes shall turn in the *Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Athletic Activities*, which has been completed by a parent or guardian. Until the pre-participation form is completed and signed by the parent/ guardian and student, and returned to the school the student-athlete cannot participate in the extracurricular sports activity

Section 12: Inclusion of Sports-Related Head Injury Policy in the Student and Parent Handbook

Student-athletes and their parents, coaches, athletic directors, school nurses, and physicians must learn about the consequences of head injuries and concussions through training programs and written materials. The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season. If a student-athlete becomes unconscious or is suspected of having a concussion, during a game, or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for "Return to Play".

All athletes must have the **State Law Regarding Sports-Related Head Injuries and Concussion** form signed by parents/guardians prior to the start of each sports season.

Section 13: Communicating with Parents with Limited English Proficiency

Due to limited English skills, some parents may be unable to communicate with school personnel and may feel isolated from the school community. Haverhill Public Schools makes every attempt to communicate effectively with parents with limited English proficiency.

Section 14: Outreach to Parents for Form and Training Completion

Student-athletes will not be permitted to participate in extracurricular sports until both the parent and student have completed and returned the signed **Pre-participation Head Injury/Concussion Reporting Form**.

In the event the school has not received the required forms the athletic department will make every attempt to contact the parent/guardian using the typical communication methods (email, telephone, etc.). The student will not be allowed to play or practice until the required forms have been completed, signed, and returned to the Athletic Office.

Section 15: Sharing Concussion- Related Health Information

Informal collaboration occurs on a temporary, as-needed basis for information exchange, as when the school nurse informs (while adhering to protocols for confidentiality) the physical education teacher that a particular student may not participate in athletic activities because of a recent injury.

There may be circumstances in which there is a need to share information in the student health record with authorized school personnel – either to enhance the educational progress of the student or protect his/her safety or well-being. For example, staff may need to be alerted to signs or symptoms of a medical problem on a need-to-know basis and offered a course of action.

This type of disclosure should be made only to those authorized school personnel who work directly with the student in an instructive (academic or athletic), administrative, or diagnostic capacity. Finally, authorized school personnel should be instructed not to re-disclose the information. If there is any question about the sensitivity of the information, the school nurse should seek the permission of the parent/guardian and student, if appropriate, prior to disclosure to authorized school personnel. Ultimately, however, federal regulations permit information in the student health record to be seen by authorized school personnel on a need-to-know basis, and the basis for such sharing seems even more compelling when necessary to protect the well-being or safety of the student. See Chapter 2 of the Comprehensive School Health Manual (www.maclearringhouse.com/SchoolHealthManualSite/schoolhealthmanual.htm) for further discussion of this issue.

There may be times when a school nurse has the legal obligation to disclose health or related information to protect a student's health or safety. Public policy requires the protection of a patient's right to privacy by medical professionals, unless there is an immediate threat or serious harm to the student or others.

Section 16: Requirements for Coaches, Athletic Trainers, and Volunteers

1. Teaching Strategies That Minimize Sports-Related Head Injury
 - a) Coaches are expected to be current with best practices in their sport that reduce the likelihood of head injury. In addition, coaches are prohibited from teaching or dangerous practices such as using a helmet as a weapon. It is expected that all coaches and athletic department staff teach techniques that minimize sports injury and/or concussion such as proper fitting, certified equipment, and protective equipment
2. Prohibiting Dangerous Play
 - b) Athletic directors and coaches should enforce rules prohibiting dangerous moves (e.g. “spearing”, or “horse collaring”, clothes-lining, or helmet-to-helmet contact). In addition, coaches must ensure that student-athletes learn proper checking/tackling techniques that are safe, and minimize the risk of head injury. Athletic Department staff should encourage students to follow the rules of play and to practice good sportsmanship at all times.

Section 17: Penalties

Haverhill Public Schools takes the safety of student-athletes seriously. All members of the school staff are expected to follow these policies and protocols to support the health and safety of student-athletes. The underlying philosophy of these policies is “When in doubt, sit them out.” Failure to comply with the letter or spirit of these policies could result in progressive discipline for staff and contest suspensions for student-athletes. If students or parents have concerns that the policies are being violated, they should contact the Superintendent or Principal.

State Law Regarding Sports-Related Head Injuries and Concussions

The Commonwealth of Massachusetts Executive Office of Health and Human Services requires that all high schools subject to the Massachusetts Interscholastic Athletic Association (MIAA) rules adhere to the following law:

Student-athletes and their parents, coaches, athletic directors, school nurses, and physicians must learn about the consequences of head injuries and concussions through training programs and written materials.

The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season. If a student-athlete becomes unconscious or is suspected of having a concussion, during a game or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for “return to play”.

Parents and student-athletes who plan to participate in any sports program must also take one free online course about concussions per school year. Two free online courses have been made available and contain the information required by the law.

The first online course option is offered through the National Federation of High School Coaches. You will need to click the “order here” button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes:

www.nfhslearn.com/electiveDetail.aspx?courseID=15000

The second online course option is offered through the Centers for Disease Control and Prevention at: www.cdc.gov/concussion/HeadsUp/online_training.html

Please sign below that you have read the above information regarding the state’s concussion law and have completed one of the courses listed.

Signature of Student-Athlete _____ Date _____

Signature of Parent/Guardian _____ Date _____

This form, along with an updated physical, must be on file before the student can be allowed to participate.

Summary

In accordance with MA regulation 105 CMR 201.000: Head Injuries and Concussions in Extracurricular Athletic Activities, Haverhill Public Schools has created this policy.

This policy governs the prevention and management of head injuries within the school district. Written within this policy is the process all students should follow with head injuries as well as the process of what shall occur if the injury is sustained during an extracurricular event, such as sports.

Sections of this policy:

1. **Persons Responsible:** the concussion management team has come up with this policy
2. **Annual Training Requirement:** All student-athletes, parents/guardians, coaches, athletic trainers, school nurses, band directors, volunteers, and anyone else deemed necessary, shall complete the CDC Heads Up training annually
3. **Documentation of Physical:** All students shall have an updated physical, within 13 months, prior to the start of sports season. If the physical expires during the sports season the student will not be allowed to return to play until the physical has been updated.
4. **Pre-participation Head Injury Reporting Forms, Submission and Review:** All student athletes' parents/guardians shall fill out the Preparticipation Head Injury/Concussion Reporting Form For Extracurricular Activities, before each sports season
5. **Medical/ Nursing Review of Preparticipation Forms:** School nurses shall review all preparticipation forms
6. **Medical/Nursing Review of Reports of Head Injury During the Season:** Once a student receives a head injury during a sports event they shall be removed from play, and a Report of Head Injury form shall be completed, by an athletic trainer, or if one is not available, a coach, and turned into Athletic Director. The Athletic Director shall share these forms with the nurse. Students will be advised to seek medical guidance and be asked to return the Doctor's recommendations to the school nurse, who will share with the necessary persons.
7. **Procedure for Reporting Head Injuries to School Nurse and Certified Athletic Trainers:** When a student-athlete obtains a head injury they will be evaluated by the athletic trainer if available. The student will also be sent to be evaluated by a physician. All notes pertaining to the head injury/concussion shall be returned to the nurse and disseminated to all necessary people.
8. **Removing Athletes from Play and Medical Evaluation:** Students who receive a head injury shall be removed from play. Athletic trainers will perform the most recent standardized concussion assessment to assess the student. All signs and symptoms shall be documented and students shall be advised to seek medical guidance from their doctor.
9. **Medical Clearance for Return to Play and Learn:** All guidance for clearance will come from a student's doctor. Students will have an ACE form filled out by a medical provider which will outline recommendations for return to play/ learn.

- 10. Development and Implementation of Post-Concussion Graduated Reentry Plans:** Students will be held out of activity after a head injury, until cleared by a physician.
- 11. Providing Information, Forms, and Materials to Parents/guardians, and Athletes:** All information will be disseminated such as training requirements, how they will be notified, protocol to obtain medical clearance, and completion of all forms.
- 12. Inclusion of this Policy in Student Handbook:** This policy will be made available to students in both the school handbook, as well as the Athletic Departments handbook
- 13. Communicating with Parents with Limited English Proficiency:** Every attempt will be made to get this policy in the language the parent or guardian requests the school district.
- 14. Outreach to parents for Forms and Training Completion:** If the forms have not been received by the start of the season, the student-athlete will not be allowed to participate until the forms are received. The athletic department will attempt to make contact with athletes' parents to remind them of forms needing to be filled out.
- 15. Sharing Concussion- Related Health Information:** Disclosure of any information in regards to student concussion/ head injury will only be made to school personnel who work directly with the student in an instructive, administrative, or diagnostic capacity.
- 16. Requirements for Coaches, Athletic Trainers, and Volunteers:** Safe techniques will be taught and coaches, trainers, and volunteers will ensure safe practices are utilized.
- 17. Penalties:** This policy shall be followed by all who are mentioned in it. Penalties shall include personnel sanctions and student-athlete suspensions.