

## CARROLL SCHOOL

### Protocols for Head Injuries and Concussion in Extracurricular Athletics

The person responsible for implementing policies and protocols related to return to athletics is the Athletic Director. A concussion Team, lead by the school nurse and/or guidance counselor, with the athletic director/coach and student's advisor in consultation with the student's parent(s)/guardian(s) and physician, will review student incidents of concussion and develop students' reentry plans, which include resumption of academics and athletics. These individuals will maintain regular communications of information regarding student status, limitations, and progression within reentry plan after concussion.

These protocols will be reviewed and updated annually or as needed.

#### **I. Training Program**

Prior to student participation in extracurricular athletics each year, the Carroll School Athletic Department will provide current training approved by the Massachusetts Department of Public Health (MDPH), written materials or a list of internet links for Department approved online courses. These will be made available to all students and their parents through the Magnus Health portal upon registration for participation in athletics (See Addendum A). Parents are encouraged to complete an online training program with their student athletes prior to the start of extracurricular sports activities. Annual training in the prevention and recognition of sports-related head injury, and associated health risks including second impact syndrome will also be completed by associated Carroll School staff and individuals, including coaches, school physician, school nurses, and the Athletic Director. Documentation of completion of this MDPH-approved annual training will be maintained by the Athletic Director.

Ongoing informational and educational opportunities related to the impact of concussion on learning and reentry plans for return to academics will be made available to teachers and staff on a regular, intermittent basis, when requested, and as laws, regulations or protocols change.

#### **II. Prerequisites for Student-Athletes**

Documentation of a physical examination completed not more than 13 months prior to a student's participation in extracurricular athletic activities will be reviewed by Carroll School nurses and approved for eligibility. Prior to student start of athletic activities, parents will be asked to complete a Pre-participation Head Injury/Concussion History form through the Magnus Health program (See Addendum B). Parents/guardians must sign these forms prior to the start of each seasonal extracurricular athletic activity. Athletes will be required to participate in an in-person injury/concussion information session provided by school nurses and coaching staff before the start of each season.

#### **III. Reporting Head Injuries or Suspected Concussions**

The Athletic director and/or coaches will report head injuries and/or suspected head injuries that occur during practices/games/meets to the school nurse, who in turn will share the information with the student's guidance counselor as soon as possible after the injury. For head injuries and suspected concussions occurring during the school day and non-school sponsored activities, school nurses, guidance counselors and other school staff will report to each other. Teachers will

be notified when a medical diagnosis of concussion is confirmed. For head injuries/concussions that occur outside of extracurricular sports activities, parents are asked to complete and forward to the Athletic Director a Report of Head Injury during the Sports Season form (Addendum C), and notify the school nurse immediately. The student's Concussion Management team (guidance counselor, nurse, coach/AD, academic advisor) will be convened and a plan for monitoring physical and academic recovery status will be outlined. Ongoing communication with the student, parents and teaching team regarding progress monitoring and status will occur throughout the recovery period.

#### **IV. Assessment and Communication**

- 1) Upon suspicion of a head injury, the coach (or athletic trainer, when available) will remove the student athlete from play and perform an assessment for signs and symptoms of concussion. Depending on the severity of symptoms, the coach (or athletic trainer, when available) will activate EMS (for severe symptoms), keep the student out of play and notify parents/guardians (mild to moderate symptoms).
- 2) The coach or athletic trainer will notify a parent/guardian immediately in person or by phone if a student exhibits signs or symptoms of concussion. Parents will be provided with two forms (these will also be available for download from the Magnus Health portal):
  - a) 'Report of Head Injury During Sports Season' form (See Addendum C) to be completed and signed by the coach, athletic trainer, or parent/guardian
  - b) 'Post Sports Related Head Injury Medical Clearance and Authorization' form (See Addendum D) to be completed and signed 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 (105 CMR 201.011)
- 3) The coach or designee communicates by the start of the next business day with the Athletic Director and the school nurse that the student has been removed from practice or competition for a head injury, suspected concussion, signs and symptoms of a concussion, or loss of consciousness (201.010 D).

#### **V. Returning to Academics after Concussion**

This protocol may be initiated by a notification from: 1) hospital personnel, 2) a student's primary care physician, 3) a student's parent/guardian, or 4) a local resource person (e.g. Brain Injury Consultant, TBI Mini-Team Member, coach, athletic trainer, etc).

The guidance counselor and school nurse are notified that a student is returning to school following a documented concussion or mild brain injury.

1. Guidance counselor and/or school nurse:
  - a. School nurse and guidance counselor meet/speak to determine which will take the lead as injury recovery coordinator (IRC) in each case
  - b. The IRC is responsible for communicating with parents/teaching team/coaches and coordinating all return-to-academics and -play processes

- c. The injury recovery coordinator (IRC) will gather information from the school nurse/physician/parents regarding the student's injury, current condition, and prognosis.
- d. The IRC contacts the student's teacher(s) and informs them of the student's injury, discusses the possible consequences of concussion and the typical short-lived nature of these problems, and reviews the list of red flags (signs and symptoms of concussion).
- e. IRC sends the Academic Rubric (See Addendum E) to all of the student's teachers
- f. IRC interviews the student's classroom teacher(s) after the first day back in school and then again, with sufficient frequency to ensure that possible problems are identified immediately.
- g. Note made in the student's cumulative file the occurrence of traumatic brain injury (TBI) for possible future reference.

The Return to Academics Guidelines chart, which outlines one possible progressive stepped approach for gradual return to academic activities and steps to take if symptoms recur, is available in Addendum E. These(or similar) Guidelines will be shared by guidance counselors and followed by the recovering student and their teaching team with recommendations from the student's health care provider as to the color-coded stage progression.

## **VI. Returning to Athletics after Concussion**

The student-athlete's parents will provide two forms to the School nurse for review prior to athletic reentry: 1) Report of Head Injury During Sports Seasons Form (See Addendum C) completed and signed by the coach, athletic trainer, or parent/guardian; and 2) Post Sports Related Head Injury Medical Clearance and Authorization Form (See Addendum D) signed 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 (105 CMR 201.011).

The return to play decision may also involve the parents, school nurse, counselors, and teachers as appropriate.

The Return to Play Guidelines chart, which outlines one possible progressive stepped approach for gradual return to activity and steps to take if symptoms recur, is available to parents and students in Addendum F. Parents and students may choose to discuss these Guidelines with their health care provider and should always receive approval/clearance prior to following the steps listed. Health care providers should advise as to how long the athlete should remain at each stage. Written authorization from a health care provider is required for student athletes to work on Return to Play guidelines at school.

**Addendum A: Concussion Education Form**

Fall Sport: \_\_\_\_\_ Winter Sport: \_\_\_\_\_ Spring Sport: \_\_\_\_\_



Carroll School

**STATE LAW REGARDING SPORTS-RELATED HEAD INJURY & CONCUSSIONS**

Although the Carroll School participates in the NEPSAC sports league (not MIAA), we acknowledge the importance of proper management of student injuries and concussions and will model our concussion policy and protocols after the MIAA's standards. The Commonwealth of Massachusetts Executive Office of Health and Human Services now requires that all 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 head injury or 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."

Student-athletes who plan to participate in any athletic program at Carroll School and their parents are strongly encouraged to take a course in concussion management at least annually, prior to the start of sports activities. Two free on-line courses are available and contain all the information required by the law.

The first on-line course is available through the Centers for Disease Control and Prevention at <https://www.cdc.gov/headsup/youthsports/training/index.html>

The second course is available through the National Federation of High School Coaches (NFHS). 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 certificate of completion. The entire course, including registration, can be completed in less than 30 minutes.

NFHS Concussion in Sports - [Interscholastic Education, Made Easy](#)

Please sign below that you have read the above and considered completing one of the courses listed. All student-athletes will be required to participate in an in-person presentation on concussion and injury management each season, presented by Carroll school nurses and coaching staff. Thank you!

\_\_\_\_\_  
Student-Athlete (**PRINT NAME**)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Addendum B: Pre-participation Head Injury/Concussion history form**



**Carroll School**

**PRE-PARTICIPATION HEAD INJURY/CONCUSSION HISTORY FORM**

**Must be completed prior to each sports season**

**Student name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Has the student ever had a head injury? Yes\_\_\_\_\_ No\_\_\_\_\_**

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

**Has the student ever received medical attention for a head injury? Yes\_\_\_\_\_ No\_\_\_\_\_**

If yes, when? Dates of all head injuries (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

**Was the student diagnosed with a concussion? Yes\_\_\_\_\_ No\_\_\_\_\_**

If yes, when? Dates of all concussions (month/year): \_\_\_\_\_

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

Please describe the student's symptoms:

Parent/Guardian:

Name: \_\_\_\_\_ (Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Addendum C: Report of Head Injury during the sports season**



Carroll School

**REPORT OF HEAD INJURY DURING SPORTS SEASON**

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

**For Coaches:** Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a *possible* concussion.

**For Parents/Guardians:** Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name	Sex	DOB	Grade
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School	Sport(s)
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Home Address	Telephone #
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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Parents/Guardians:**

Did the student receive medical attention? yes \_\_\_ no \_\_\_

If yes, was a concussion diagnosed? yes \_\_\_ no \_\_\_

**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 Parent/Guardian

Name of Person Completing Form (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Addendum D: Post Head Injury Medical Clearance and Authorization**



Carroll School

**POST HEAD INJURY  
MEDICAL CLEARANCE AND AUTHORIZATION FORM**

After a head injury or suspected concussion and before resuming in-school and extracurricular athletic activities, the student shall submit this form to the Athletic Director or staff member designated by the school. ***The student must be completely symptom free prior to returning to PE/Bounders/recess/extracurricular athletic activities.*** 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.

Student's Name	Gender	DOB	Grade
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School	Sport(s)
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Date of injury: \_\_\_\_\_

Nature and extent of injury: \_\_\_\_\_

**Symptoms (check all that apply):**

Nausea or vomiting \_\_\_\_\_      Headaches \_\_\_\_\_      Light/noise sensitivity \_\_\_\_\_  
Dizziness/Balance problems \_\_\_\_\_      Double/blurry vision \_\_\_\_\_      Fatigue \_\_\_\_\_  
Feeling sluggish/"in a fog" \_\_\_\_\_      Change in sleep patterns \_\_\_\_\_      Memory problems \_\_\_\_\_  
Difficulty concentrating \_\_\_\_\_      Irritability/Emotional ups and downs \_\_\_\_\_  
Withdrawn \_\_\_\_\_      Other \_\_\_\_\_

Duration of Symptom(s): \_\_\_\_\_

Diagnosis: \_\_\_\_ Concussion \_\_ Other (describe): \_\_\_\_\_

**POST HEAD INJURY MEDICAL CLEARANCE AND AUTHORIZATION FORM (Page 2)**

Date Student was determined to be *completely symptom free*: \_\_\_\_\_

Graduated return to play instructions or associated limitations to the student's participation in PE/Bounders/recess/extracurricular athletic activities: \_\_\_\_\_

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Medical management instructions, including recommendations regarding modification of school attendance and/or academic work while the student is recovering: \_\_\_\_\_

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Home management instructions: \_\_\_\_\_

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Name of Licensee: \_\_\_\_\_

Physician  Certified Athletic Trainer  Nurse Practitioner  Neuropsychologist

Licensee's Address: \_\_\_\_\_

Licensee's Phone: \_\_\_\_\_

Name of physician providing consultation or coordination (if not the person completing this form): \_\_\_\_\_

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

Name of Physician or Practitioner (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Addendum E: Academic Rubric - Return to class**

Facilitated by the student’s guidance counselor who is the Return to Academics team leader during the student's recovery period.

<u>Stage</u>	<u>Key Ideas</u>	<u>Expected Duration</u>	<u>Teacher’s Actions</u>	<u>Student’s Actions</u>
<b>Red</b>	Complete rest	Medical clearance	<ul style="list-style-type: none"> <li>● Guidance counselor contacts teachers</li> <li>● Explanation of assessments used and possible timing of movement from stage to stage</li> <li>● Communication from school to home</li> </ul>	<ul style="list-style-type: none"> <li>● Out of school</li> <li>● Strict limits on computer, TV, texting, and cell phone</li> </ul>
<b>Orange</b>	Recovering cellular health. Significant deficits in processing and concentration	Medical clearance	<p>Goal: Student should have minimum work necessary when they transition to yellow phase:</p> <ul style="list-style-type: none"> <li>● Three categories of assignments:               <ol style="list-style-type: none"> <li>1. Excused: Not to be made up</li> <li>2. Accountable: Responsible for content, not process. May be notes or work shared by a classmate, or may be covered by a broader assignment, such as a review sheet.</li> <li>3. Responsible: Must be completed by student, likely for a grade, when they transition to yellow stage.</li> </ol> </li> <li>● Find a classmate who is willing to share work (academic partner)</li> <li>● School to home communication. Parents and student must understand the three categories</li> <li>● No assessments or homework during this time period</li> <li>● Access to nurse</li> </ul>	<ul style="list-style-type: none"> <li>● In school part time</li> <li>● When present, observing, not participating</li> <li>● Communicate with teacher about progress and problems</li> <li>● Get copies of work from academic partner</li> <li>● Be patient with slow recovery, but get as much possible out of time spent in class</li> </ul>

<p style="text-align: center;"><b>Yellow</b></p>	<p>Gradual increase of time and energy as resuming normal workload</p>	<p>Medical clearance</p>	<ul style="list-style-type: none"> <li>● Support student in making up most important school work with deadlines agreed-upon in writing</li> <li>● Continue to keep lists of the three categories of assignments until all make-up work is completed</li> <li>● Untimed tests</li> <li>● Reader/transcriber for tests</li> <li>● Decrease work load if symptoms appear</li> <li>● Limit to one assessment per day</li> <li>● Meeting between school and parent/student</li> </ul>	<ul style="list-style-type: none"> <li>● In school full time</li> <li>● Clear communication with teacher on what needs to be done, when, and how to prioritize</li> <li>● Communication with parents and teacher on pace or recovery and make-up work</li> </ul>
<p style="text-align: center;"><b>Green</b></p>	<p>Complete resumption of normal activities</p>	<p>Medical clearance</p>	<ul style="list-style-type: none"> <li>● Monitor completion of make-up work</li> <li>● School to home communication when student is caught up and working at same pace as classmates</li> <li>● Inform guidance when term grades have been updated</li> <li>● Recognize that returning students often do better in the morning, as well as the fact they may be able to perform some tasks better than others.</li> </ul>	<ul style="list-style-type: none"> <li>● Resume all normal activities</li> </ul>

## Addendum F: Sample Return to Play Guidelines

Once the recovery process has started, the following progressive rehabilitation process (or similar) that is run and monitored by parents may ensue. Health care providers should advise as to how long the athlete should remain at each stage. Written authorization and detailed instructions from a health care provider are required for student athletes to work on Return to Play guidelines at school.

An athlete cannot progress to the next stage until they can complete the current stage symptom free.

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6	Stage 7
No activity	Light Aerobic Exercise: HR <70%	Medium Aerobic Exercise: change of direction	Sport specific drills	Light, non contact drills Progressive resistance training	Full contact practice	Game ready
Cognitive and physical rest	1. 30 push ups, 30 sit ups, wait 3 minutes	1. turn & run				
Academic accommodations made if necessary	2. Stationary bike 10 min, wait 3 minutes	2. get up & and run				
	3. walk/jog 10 minutes, wait 3 minutes.	3. go-stop-go				
May be able to watch practices IF they remain symptom free while doing so	4. 30 squat jumps, wait 3 minutes.	4. dot drill etc.				