



Head Injury/Concussion Protocol

WMA takes head injuries seriously and follows the recommendations of the CDC and Massachusetts law for head injuries and/or concussions (see description below). The athletic trainers, coaches and Health Services staff members have been trained in head injuries.

Our head injury and concussion management protocols employ a team approach and provide for daily monitoring of the student. This team includes our Director of Health Services, Dean of Studies and athletic trainers.

A concussion is a complex disturbance in brain function due to direct or indirect trauma to the head related to neurometabolic dysfunction rather than structural injury. A concussion can occur with or without a loss of consciousness, and proper management is essential to the safety and long-term future of the injured individual.

A head injury is a direct blow to the head or indirect trauma to the head, including a concussion or traumatic brain injury.

The school strongly recommends all athletes and their families visit at least one of the following websites and view the concussion course materials: www.cdc.gov/headsup/parents/index.html www.nfhs.org/sports-resource-content/a-parentsguide-to-concussion/

Management Procedures

Concussion management begins with preseason baseline testing via SWAY. SWAY is a system to evaluate students and is accessed through the student's cell phone. By completing this test, the athletic trainer will be provided with baseline data that will be used to compare post-injury scores.

If a student sustains a sports-related head injury, including a suspected concussion, the athletic trainer or Health Services must be notified immediately so that a concussion assessment can be administered. If an athlete sustains a concussion, the athletic trainer, school nurse, or coach will notify parents/guardians and appropriate school staff and follow the protocol established for concussion management.

When a student shows any signs, symptoms, or behaviors consistent with a head injury/concussion, the student is expected to be promptly removed from practice or competition and evaluated by the athletic trainer and/or a health care provider who has experience in head injury/ concussion evaluation and management. Any athlete who denies symptoms but has abnormal cognitive testing may be held out of activity.

A student diagnosed with a head injury/concussion will be withheld from the competition or practice and not return to activity for the remainder of that day. Parents/guardians will be notified.

The athletic trainer will manage a mild to moderate concussion, and if the trainer does not see improvement, then a medical referral will be made. For moderate to severe concussions, the trainer will work directly with the physician.

The plan, put forth by the treating physician and/or the athletic trainer, shall be communicated with the parents/guardians, Dean of Studies, and school nurse. This plan, if needed, may include instructions for physical and cognitive rest, graduated return to academics and athletics, and assessment frequencies. If academics appear to be exacerbating symptoms, further accommodations will be reviewed and may be implemented.

The Academy's Athletic Trainer, with the concurrence of the school physician, will have the final say with regard to a student's ability to return to any sport or activity, including classroom learning. Additional medical clearance may be required for full contact.

If the student is a day student - The student will be given a form to be filled out by their PCP if symptoms do not subside within 24 hours.

If the student is a boarding student - The Athletic Trainer/Health Services will evaluate the student and may send them to a doctor for further follow-up.

All associated costs for appointments for such will be the responsibility of the parent/guardian.

Post-Concussion:

Any student who has sustained a head injury must participate in a post-concussion protocol and have clearance from the Athletic Trainer and Health Services before being able to return to academic and extracurricular athletic activities. The Academy may consult with outside medical professionals and/or require a student to obtain a doctor's note.

Return to Learn

The student will share their documentation (form, doctor's note) with Health Services. The Academy will determine the necessary return process for the student. The student will meet with the Dean of Studies and, most likely, their advisor to review the steps to return to learning. The student's teachers will be notified of any accommodations that the student may need.

Return to Play

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

- be symptom-free at rest and with exertion (including mental exertion in school);
- be within the normal range of baseline on post-concussion
- have written clearance from the appropriate healthcare provider.

Once the above criteria are met, the athlete will progress back to full activity following a stepwise process that includes:

- Level 1: Light aerobic exercise (stationary bike, swimming, etc. at <70% predicted maximum heart rate)
- Level 2: Moderate aerobic exercise and sprints
- Level 3: Sport-specific training (running, throwing and catching)
- Level 4: Non-contact training drills and weightlifting (non-contact practice)
- Level 5: Full contact practice
- Level 6: Game play (no activity restrictions)

WMA follows the Massachusetts Department of Public Health guidelines to ensure a student who is concussed is identified, treated, and recovers. The underlying philosophy of these policies is “When in doubt, sit them out.”

Any student who receives an injury to the head and/or exhibits any signs or symptoms of concussion must be removed immediately from play/practice. The athletic trainer will initiate care and evaluation. WMA requires coaches and other personnel to report any head injury immediately to the athletic trainer.

Parents/guardians of a student who sustains a head injury outside of school-related activities are required to inform the athletic trainer, the Deans Office and Health Services.

What Is a Concussion?

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

Signs and Symptoms

Physical signs and symptoms of a concussion may include:

- Headache
- Ringing in the ears
- Nausea
- Vomiting
- Fatigue or drowsiness
- Blurry vision

Other signs and symptoms of a concussion include:

- Confusion or feeling as if in a fog
- Amnesia surrounding the traumatic event
- Dizziness or "seeing stars"

A witness may observe these signs and symptoms in the concussed person:

- Temporary loss of consciousness (though this doesn't always occur)
- Slurred speech
- Delayed response to questions
- Dazed appearance
- Forgetfulness, such as repeatedly asking the same question

You may have some symptoms of concussions immediately, and some can occur for days after the injury, such as:

- Concentration and memory complaints
- Irritability and other personality changes
- Sensitivity to light and noise
- Sleep disturbances
- Psychological adjustment problems and depression
- Disorders of taste and smell

The student must see a doctor if they do not feel better or do not attend school within 24 hours. The form that we required from the physician is below.

Concussion Accommodations

What Steps Should My Child Take to Feel Better?

Making short-term changes to your child's daily activities can help them get back to a regular routine more quickly. As your child begins to feel better, you can slowly remove these changes. Use your child's symptoms to guide return to normal activities. If your child's symptoms do not worsen during an activity then this activity is OK for them. If symptoms worsen, your child should cut back on how much they can do that activity without experiencing symptoms. It is important to remember that each concussion and each child is unique, so your child's recovery should be customized based on their symptoms.

Factors that might delay recovery include your child having:

- a history of a previous concussion or other brain injury
- neurological or mental health disorders
- learning difficulties,
- family and social stressors

1. Rest

Your child should take it easy the first few days after the injury when symptoms are more severe.

- Early on, limit physical and thinking/remembering activities (reading, doing homework) to avoid symptoms getting worse.
- Avoid using electronics (computers, cell phones, video games)
- Get a good night's sleep and take naps during the day as needed
- Drink lots of water

2. Return to learn

Must meet with the Dean of Studies and nurses before attending classes

- According to the plan your physician has given you, your return to academics should be slow: 1-2 classes a day or only concentrate on 1-2 classes for the first few days back to school.
- Breaks should be taken when needed (go to Health Services and rest)
- At the end of the academic day, students should go home and rest
- Once the student is able to complete a full day of class, the student can start light activity

Most students will only need help through informal academic adjustments as they recover from a concussion. However, for students with ongoing symptoms, a variety of formal support services may be available to help them during their recovery.

May need support services-

The type of support will differ based on the needs of each student. Some of these support services may include:

- Response to Intervention Protocol (RTI)
- 504 Plan
- Individualized Education Plan (IEP)

3. Light Activity

Gradually return to regular (non-strenuous) activities.

- Find relaxing activities at home. Avoid activities that put your child at risk for another injury to the head and brain.
- Return to school gradually. A plan must be made with Dean Of Studies. If symptoms do not worsen during an activity, then this activity is OK for your child. If symptoms worsen, cut back on that activity until it is tolerated.
- Get maximum nighttime sleep. (Avoid screen time and loud music before bed, sleep in a dark room, and keep to a fixed bedtime and wake up schedule.)
- Reduce daytime naps or return to a regular daytime nap schedule (as appropriate for their age).

3. Moderate Activity

When symptoms are mild and nearly gone, your child can start the return to play.

5-step Return to Play Progression

It is important for students and coaches to watch for concussion symptoms after each day's return to play progression activity. The student should only move to the next step if they do not have any new symptoms at the current step. If any symptoms come back or if the student gets new symptoms, this is a sign that the student is pushing too hard. They should stop these activities, and their medical provider should be contacted. After more rest and no concussion symptoms, students will start at the previous step.

Step 1: Light aerobic activity

Begin with light aerobic exercise only to increase the student's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging - no weightlifting at this point.

Step 2: Moderate activity

Continue with activities to increase heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Step 3: Heavy, non-contact activity

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine and non-contact sport-specific drills (in three planes of movement).

Step 4: Practice & full contact

Students may return to practice and complete contact (if appropriate for the sport) in controlled practice.

Step 5: Competition

Students may return to competition.

4. Back to Regular Activity

Recovery from a concussion is when your child is able to do all of their regular activities without experiencing any symptoms.

Post-Concussive Syndrome

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your child's healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

If the student has concussion symptoms that last weeks to months after the injury, their medical provider may talk to you about post-concussive syndrome. While rare after only one concussion, post-concussive syndrome is believed to occur most commonly in patients with a history of multiple concussions.

There are many people who can help you and your family as your child or teen recovers. You do not have to do it alone. Keep talking with your medical provider, Athletic Trainer and Dean of Studies about how your child is feeling. If you do not think they are getting better, tell your medical provider.



Concussion Accommodations

Student Name _____

The above has suffered a concussion and is presently in the care of _____ (doctor).
They are not permitted to participate in any sports-related activities until formally cleared.

Academic Accommodations:

The following academic accommodations may help in reducing the cognitive (thinking) load and adjust for Vestibular ocular-motor or balance disturbance, thereby minimizing concussion symptoms and allowing the student to better participate in the academic process during the injury period. The student and the parents are encouraged to discuss and establish accommodations with the school on a class-to-class basis. The school may wish to consider formalizing accommodations through the 504 plan.

Testing: ___ extra time to complete tests ___ tests in a quiet environment ___ allow tests across multiple sessions ___ reduce length of tests ___ reformat to multiple-choice or provide cues (ex: use of note cards with useful formulas) ___ open book/take-home exams only ___ no tests or quizzes.

Students with concussions can have memory or attention problems. They will not be able to learn as effectively/quickly as before. Furthermore, highly demanding activities, like testing, can significantly increase symptoms and slow recovery. Tests should only be given if the student has had adequate instruction and time to prepare, particularly for those who have missed multiple classes.

Note-taking: ___ allow students to obtain class notes or outlines ahead of time to aid organization and reduce multitasking demands ___ provide notes from any class time missed by the student.

Note-taking may be difficult to impaired abilities and visual disturbances (e.g. convergence)

Workload reduction/alterations: ___ reduce (modify) overall amount of ___ make-up work ___ classwork ___ homework (usual recommend 50% reduction, though may vary by class) ___ shorten tests and projects ___ audiobook use ___ allow dictation of written work.

It takes a concussed student much longer to complete assignments due to the increased memory problem and decreased speed of learning. Recovery can be delayed when a student “pushes through” symptoms. Therefore, it is recommended that “thinking” or cognitive load be reduced. As students begin the Return To Learn Process, the focus should initially be on getting up to speed with current work and, as they improve, a gradual, clearly defined process for completing required makeup work/exams should be provided.

Breaks: ____ take breaks as needed to control symptom level. This typically requires leaving class and find a quiet place to rest (e.g., nurse's office). If they feel better after a break (15 to 25 minutes), they can return to class ____ allow to leave class 2 minutes early to avoid over-stimulated hallways.

Extra time: ____ allow the student to turn in assignments late for full credit.

Students may experience more severe symptoms some days/nights, particularly only in their Return to Learn process. This can delay/disrupt assignment completion. Flexible deadlines for assignments are requested.

Attendance and Restrictions: ____ full days as tolerated ____ partial days. As tolerated ____ no school ____ no standardized tests (e.g., MCAS) ____ no /modified physical education ____ no music or band classes ____ lunch in a quiet environment. ____ no driving/driving lessons ____ no job-related activities ____ elevator access.

Full or partial days missed and assignments not completed on time due to concussion symptoms should be medically excused, with ample time given to make up missed work/exams before grades are finalized.

Follow-up evaluation and revision of recommendation to occur _____

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