

ATHLETIC CONCUSSION POLICY

The purpose of this policy is to provide information and standardized procedures for persons involved in the prevention, training management and return to activity decisions regarding students who incur head injuries while involved in extracurricular athletic activities¹ including, but not limited to, interscholastic sports, in order to protect their health and safety as required by Massachusetts law and regulations. The requirements of the law apply to all public middle and high schools, however configured, serving grades six through high school graduation. In addition to any training required by law, the following persons shall complete one of the head injury safety training programs approved by the Massachusetts Department of Public Health (DPH) as found on its website: coaches; certified athletic trainers; trainers; volunteers; school and team physicians; school nurses; athletic directors; directors responsible for a school marching band; employees or volunteers; and students who participate in an extracurricular activity and their parents.

Upon the adoption of this policy by the School Committee, the Superintendent shall ensure that DPH receives an 8.5 at a minimum, until the student graduates, unless state or federal law requires a longer retention period:

Verifications of completion of annual training and receipt of materials; DPH Pre-participation forms and receipt of materials.

DPH Report of Head Injury Forms, or school-based equivalents; DPH Medical Clearance and Authorization Forms, or school-based equivalents; and

Graduated reentry plans for return to full academic and extracurricular athletic activities.

This policy also applies to volunteers who assist with extracurricular athletic activities. Such volunteers shall not be liable for civil damages arising out of any act or omission relating to the requirements of law, unless such volunteer is willfully or intentionally negligent in his act or omission.

Most student athletes who sustain a concussion can fully recover as long as their brain has time to heal before sustaining another hit; however, relying only on an athlete's self-report of symptoms to determine injury recovery is inadequate as many high school athletes are not aware of the signs and symptoms or the severity concussive injuries pose, or they may feel pressure from coaches, parents, and/or teammates to return to play as quickly as possible. One or more of these factors will likely result in under-diagnosing the injury and a premature return to play. Massachusetts General Laws and Department of Public Health regulations make it imperative to accurately assess and treat student athletes when concussions are suspected.

Student athletes who receive concussions may appear to be "fine" on the outside, when in actuality they have a brain injury and are not able to return to play. Incurring a second concussion can prove to be devastating to a student athlete. Research has shown that young concussed athletes who return to play before their brain has healed are highly vulnerable to more prolonged post-concussion syndrome or, in rare cases, a catastrophic neurological injury known as Second Impact Syndrome.

The following protocol will discuss and outline what a concussion is, the mechanism of injury, signs and symptoms, management and return to play requirements, as well as information on Second Impact Syndrome and past concussion syndrome. Lastly, this policy will discuss the importance of education for our athletes, coaches and parents and other persons required by law.

This protocol should be reviewed on a yearly basis with all staff to discuss the procedures to be followed to manage sports-related concussions. This protocol will also be reviewed on a yearly basis by the athletic

department as well as by nursing staff. Any changes in this document will be approved by the school committee and given to athletic staff, including coaches and other school personnel in writing. An accurate synopsis of this policy shall be placed in the student and faculty handbooks. LEGAL REFS: M.G.L. 111:222; 105 CMR 201.000