

<i>Policy</i>	<i>Title</i> HEAD INJURIES AND CONCUSSION IN EXTRACURRICULAR ATHLETIC ACTIVITIES POLICY	<i>Code</i> JJIF
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HOLLISTON

The purpose of this policy is to provide information and standardized procedures for persons involved in the prevention, training management, and return to activity decision regarding students who incur head injuries while involved in extracurricular athletic activities¹. This includes but is not limited to interscholastic sports in order to protect their health and safety as required by Massachusetts General 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 annually 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; athletic coordinators; directors responsible for a school marching band; volunteers as well as students who participate in an extracurricular activity and their parents.

Upon adoption of this policy by the School Committee, the Superintendent shall ensure that the DPH receives an affirmation on school district letterhead that the district has developed policies in accordance with 105 CMR 201.000. This affirmation shall be updated biannually by September 30 every odd numbered year upon review or revision of its policies.

The Superintendent shall maintain or cause to be maintained complete and accurate records of the district's compliance with the requirements of the Concussion Law and shall maintain the following records for three years or, at a minimum, until the student graduates, unless State or Federal Law requires a longer retention period:

1. Verifications of completion of annual training and receipt of materials;
2. DPH Pre-participation forms and receipt of materials
3. DPH Report of Head Injury Forms, or school based equivalents;
4. DPH Medical Clearance and Authorization Forms, or school based equivalents; and
5. Graduated re-entry 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.

¹Extracurricular Athletic Activity is defined as an organized school sponsored athletic activity generally occurring outside of school instructional hours under the direction of a coach, athletic director, athletic coordinator or marching band leader including, but not limited to: Alpine and Nordic skiing and snowboarding, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, horseback riding, ice hockey, lacrosse, marching band, rifle, rugby, soccer, skating, softball, squash, swimming, and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be extracurricular athletic activities.

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 student athletes are not aware of the signs and symptoms or the severity concussive injuries pose. In addition, 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 before the first has resolved 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 prolonged post-concussion syndrome or, in rare cases, a catastrophic potentially lethal neurological condition 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 Post Concussion Syndrome. Lastly, this protocol will discuss the importance of education for our athletes, coaches and parents, and other persons as required by law.

This protocol should be reviewed as needed but at least every two years with the protocol team to discuss the policies and procedures to be followed to manage sports-related concussions. The district protocol team will consist, at a minimum, of a school administrator, school nurse, school or team physician if on staff, athletic director, licensed athletic trainer if on staff, neuropsychologist if available, guidance counselor, and teacher in consultation with any existing school health/wellness advisory committee. Any changes in this document will be approved by the School Physician and any change will be given to the School Committee and protocol team. This policy shall be referenced in the student and faculty handbooks, and also available on the district website.

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