

Wilmington Public Schools



Concussion Management Policy and Procedures

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POLICY STATEMENT

The purpose of this policy is to establish standardized procedures for the prevention, recognition, evaluation, management, documentation, and return to school and extracurricular activity following a suspected or diagnosed concussion or other head injury. This policy is intended to protect the health and safety of students participating in interscholastic athletics and other school-sponsored extracurricular activities and to comply with Massachusetts General Laws and 105 CMR 201.000, Head Injuries and Concussions in Extracurricular Athletic Activities.

Wilmington High School shall maintain policies and procedures governing the prevention and management of sports-related head injuries. These policies apply to all school-sponsored extracurricular athletic activities and may also be used as guidance for head injuries occurring during the school day or other school-sponsored activities.

The policy shall be reviewed and revised as necessary and at least every two years in accordance with Massachusetts Department of Public Health requirements.

The person responsible for overseeing implementation of this policy is the Athletic Trainer

The Director of Athletics, School Nurse/Coordinator of Nursing Services, Certified Athletic Trainer, Physician, school administration, and other designated staff shall participate in the required review of the concussion policy and procedures.

Wilmington Public Schools shall maintain required records in accordance with 105 CMR 201, including:

- Annual training records and receipt of required educational materials;
- Pre-participation Head Injury/Concussion Reporting Forms or school-based equivalents;
- Report of Head Injury Forms or school-based equivalents;
- Post Sports-Related Head Injury Medical Clearance and Authorization Forms or school-based equivalents; and
- Graduated re-entry plans for students returning to full academic and extracurricular athletic activities.

Required records shall be maintained for at least three years or, at a minimum, until the student graduates, unless a longer retention period is required by state or federal law.

The school shall provide the Massachusetts Department of Public Health with the required affirmation of policy review and revision and shall complete required annual reporting.

CONCUSSION OVERVIEW

A sport-related concussion (SRC) is a form of mild traumatic brain injury caused by a biomechanical force that results in a disturbance of normal brain function. A concussion may occur following a direct blow to the head or an impact to another part of the body that transmits force to the head.

A concussion may occur with or without loss of consciousness. Signs and symptoms may develop immediately or may be delayed and can involve physical, cognitive, emotional, behavioral, sleep, balance, and/or visual-vestibular functions. A concussion is a clinical diagnosis based on the history, mechanism of injury, signs and symptoms, and clinical examination. No single test can independently diagnose or rule out a concussion.

The absence of loss of consciousness does **not** rule out concussion, and a student does not need to report a direct blow to the head for a concussion to occur. Korey Stringer Institute identifies sport-related concussion as a form of mild traumatic brain injury and emphasizes that forces transmitted to the head may result from direct or indirect trauma.

Mechanism of Injury

A concussion can result from:

- A direct blow to the head;
- A blow to the face, jaw, neck, or another part of the body that transmits force to the head;
- A fall;
- Player-to-player contact;
- Contact with playing equipment or another object;
- Contact with the playing surface; or
- Rapid acceleration, deceleration, or rotational forces involving the head and body.

The mechanism of injury should be documented whenever known. A concussion may occur without a direct impact to the head. Therefore, coaches, activity leaders, and healthcare personnel should consider concussion whenever an athlete experiences a significant impact followed by a change in behavior, cognition, balance, coordination, or symptoms consistent with concussion.

Signs and Symptoms

Concussion signs and symptoms are variable and may change over time. They may include:

Physical

- Headache or head pressure;

- Dizziness
- Balance problems
- Nausea or vomiting
- Visual disturbance
- Light sensitivity
- Noise sensitivity
- Fatigue
- Neck pain; and
- Sensitivity to movement or physical activity.

Cognitive

- Feeling slowed down
- Feeling mentally foggy
- Difficulty concentrating
- Difficulty remembering
- Confusion
- Delayed responses
- Difficulty processing information; and Disorientation

Emotional/Behavioral

- Irritability
- Sadness
- Nervousness or anxiety
- Emotional changes
- Personality or behavioral changes and Increased emotionality.

RECOGNITION & IMMEDIATE MANAGEMENT

When a concussion is suspected, the student must be removed from participation immediately.

"When in doubt, take them out."

The student shall **not return to play or practice on the same day following a suspected concussion.**

The student should be evaluated in an appropriate environment that allows sufficient time for a comprehensive clinical assessment. The evaluation should consider the mechanism of injury, signs and symptoms, neurological function, cognition, balance, cervical spine, and other potentially associated injuries.

SCAT 6

The **Sport Concussion Assessment Tool, 6th Edition (SCAT6)** is a standardized clinical assessment tool used by healthcare professionals to assist with the evaluation of suspected concussion in athletes aged 13 years and older. SCAT6 should be incorporated into the overall clinical evaluation and should not be used as a stand-alone diagnostic test.

EDUCATION & TRAINING

The following persons must complete the online course called “Concussion in Sports: What You Need to Know” or an equivalent program that complies with DPH annually. This course is offered by the National Federation of High School Associations (NFHS). The required training applies to the above individuals for one school year and must be repeated for every subsequent school year.

- All Coaches
- Certified Athletic Trainers
- School Nurses and School physician
- Director of Athletics
- Director of Bands, Director of Choirs, Color Guard Director, and Percussion Director
- At least one parent/guardian of a student who participates in an extracurricular activity
- Students

Annually, on or after July 1st of each school year, the people identified above (other than Student-Athletes and Parents/Guardians) must supply a certificate of completion to the high school Principal or designee.

Concussion Education for Student-Athletes and Parents/Guardians:

- Each year, student athletes shall be presented with a discussion about concussion at either an athletes’ sports night, team discussion or through paperwork requirements. The Center for Disease Control’s (CDC) “Heads Up: Concussion in High School Sports – A Fact Sheet for Athletes” handout will also be available in the athletic training room (ATR) at school. (<https://www.cdc.gov/headsup/youthsports/training/>)
- Prior to their participation in each sports season parents/guardians shall affirm that they and their student has taken the NFHS online concussion course.
- All student-athletes and their parents/guardians will sign a statement in which the student-athlete accepts the responsibility for reporting head injuries or concussions during the season to the ATC, coach if the ATC is not present, parents/guardians or other health care personnel including signs and symptoms of concussion.

Pre-Participation Form:

- Parents/guardians of students must fill out the re-participation/parental permission form that lists the student’s history of head injuries/concussions prior to participation each sports season.

- This form will be reviewed by the ATC for any positive head injury/concussion and determined if they have been cleared.
- All forms or copies are stored by the athletic department or turned over to the high school nurses for insertion into the medical records, per regulations; these will be kept for three years.

Post Concussion Syndrome

- Post-concussion syndrome (PCS) is a term used to describe the persistence of concussion-related symptoms beyond the expected period of recovery following a concussion. Symptoms may include headache, dizziness, fatigue, cognitive difficulties, sleep disturbance, visual or vestibular symptoms, and emotional or behavioral changes.

Students whose symptoms persist, worsen, or interfere significantly with school, daily activities, or progression through return-to-sport should be referred to an appropriately trained healthcare professional for further evaluation and management.

A second head injury sustained before recovery from a previous concussion may result in a new concussion, prolonged recovery, or potentially serious traumatic brain injury. Any significant subsequent injury shall be evaluated promptly and managed according to the student's clinical presentation and the Emergency Action Plan when indicated.

STUDENT PRE-PARTICIPATION REQUIREMENTS

- I. All student-athletes, with parent/guardian consent, are required by Wilmington High School policy to complete a **Sway baseline assessment prior to participation**. Massachusetts law requires schools to maintain concussion safety protocols and obtain information regarding a student-athlete's history of head injuries; Sway is the assessment tool selected by Wilmington High School to meet its baseline testing requirement. Sway is a supplemental tool that may assist in monitoring an athlete before and following a concussion but does not diagnose concussion or determine medical clearance.
- II. Student-athletes will complete Sway at the beginning of their first sport season and will be re-tested every other year. A valid baseline remains applicable across multiple sports during the same school year. If results are questionable or invalid, the Certified Athletic Trainer may repeat the assessment. **Student-athletes may not participate in practice or competition until a valid baseline is obtained.**

- III. At the beginning of each sports season, student-athletes and/or parents/guardians must complete the required **Medical History and Emergency Permission Form**, including concussion history, and submit it to the Athletic Department. Required information will be maintained in accordance with school and Massachusetts recordkeeping requirements.

PROTOCOLS FOR SUSPECTED HEAD INJURY

I. Immediate Removal from Activity

Any student-athlete who is suspected of sustaining a concussion or other head injury shall be **immediately removed from participation** and shall not return to practice or competition on the same day.

- The student shall be evaluated by the Certified Athletic Trainer or other appropriately trained healthcare professional.
- The initial assessment shall include evaluation of the mechanism of injury, level of consciousness, neurological status, cervical spine, signs and symptoms, and other potential injuries.
- When appropriate, the Athletic Trainer may utilize the **SCAT6** along with other components of a multimodal clinical assessment.

II. Emergency Evaluation

The Athletic Trainer shall activate the Emergency Action Plan (EAP) and EMS when the student demonstrates signs or symptoms concerning a more serious traumatic brain injury, cervical spine injury, or other medical emergency.

Emergency evaluation is indicated for, but is not limited to:

- Deteriorating level of consciousness or inability to maintain appropriate arousal
- Significant or worsening neurological deficits
- Repeated vomiting
- Severe or progressively worsening headache
- Seizure activity
- Increasing confusion, agitation, or unusual behavior
- Weakness, numbness, or loss of coordination
- Significant or worsening balance or motor deficits
- Unequal or abnormal pupils or other significant visual/neurological abnormalities
- Suspected skull fracture
- Suspected cervical spine injury

- Significant or worsening respiratory or cardiovascular abnormalities
- Prolonged or concerning loss of consciousness
- Any signs of intracranial bleeding or other serious associated injury;
- Any other clinical finding that causes the Athletic Trainer, School Nurse, physician, EMS provider, or other qualified healthcare professional to determine that emergency evaluation is necessary.

If the **Athletic Trainer is NOT PRESENT**, the coach or activity leader shall activate EMS when indicated, follow the EAP, monitor airway and breathing, and avoid moving the student unless necessary to protect the airway or due to an immediate safety threat.

III. Clinical Assessment & Documentation

Following removal from activity, the Athletic Trainer shall conduct and document an appropriate clinical assessment. Assessment may include:

- Mechanism and circumstances of injury;
- Loss of consciousness or amnesia;
- Symptom evaluation;
- Neurological examination;
- Cognitive assessment;
- Balance and coordination;
- Vestibular/ocular assessment;
- Cervical spine assessment;
- SCAT6 or Child SCAT6 when appropriate;
- Sway computerized assessment as a supplemental tool when clinically indicated; and
- Assessment for other injuries.

No single assessment tool, including Sway or SCAT6, shall be used as the sole basis for diagnosing or ruling out a concussion or determining medical clearance.

IV. Head Injury Without Suspected Concussion

A student-athlete who sustains a blow, jolt, or other head injury and is removed from participation shall undergo an appropriate clinical evaluation by the Certified Athletic Trainer or other appropriately trained healthcare professional.

If the evaluation does not indicate a suspected concussion or other significant injury, the student-athlete shall remain out of participation for the remainder of that day and shall be monitored for delayed signs or symptoms.

Prior to returning to practice or competition on a subsequent day, the Certified Athletic Trainer shall reassess the student-athlete. The reassessment should include, as clinically appropriate:

- Review of any signs or symptoms that developed following the injury;
- Neurological status;
- Cognitive function;
- Balance and coordination;
- Vestibular/ocular function;
- Cervical spine and other associated injuries; and
- Overall clinical presentation.

If the student-athlete remains asymptomatic and the reassessment does not identify findings concerning concussion or another significant injury, the Certified Athletic Trainer may clear the student-athlete to return to participation without initiating the graduated Return-to-Sport protocol.

If symptoms develop, worsen, or new clinical findings concerning concussion are identified during follow-up, the student-athlete shall be managed under the suspected concussion protocol.

V. Monitoring and Follow-Up

- The Athletic Trainer shall document and monitor the student's signs, symptoms, and clinical findings throughout the recovery process. Sway may be utilized as a supplemental assessment tool following injury when clinically appropriate.
- As part of Wilmington High School's concussion management protocol, the student-athlete must demonstrate a Sway assessment score at or better than their established individual baseline before beginning the graduated Return-to-Play (RTP) protocol. The student must also be clinically asymptomatic at rest and have met all applicable medical clearance requirements before beginning RTP.
- If the student does not achieve a Sway score at or better than baseline, the graduated RTP protocol shall not begin. The Athletic Trainer will continue to monitor the student and may repeat Sway testing when clinically appropriate. Persistent symptoms or failure to demonstrate expected recovery may warrant referral to the student's healthcare provider.

VI. Disposition of a Symptomatic but Stable Student

A student who is symptomatic but clinically stable and does not require emergency medical transportation shall be released from participation and sent home with a parent/guardian or other authorized responsible adult in accordance with school procedures.

- If the injury occurs during practice, the parent/guardian shall be notified and must pick up the student and receive instructions regarding the injury and required follow-up.
- If the injury occurs during a game or extracurricular event, the student may leave with a parent/guardian or authorized responsible adult after the Athletic Trainer or other qualified healthcare professional has completed the appropriate evaluation and provided instructions.
- The student and parent/guardian shall receive written information regarding concussion management, monitoring, emergency warning signs, activity restrictions, return-to-learn, and return-to-sport requirements.
- Parents/guardians shall be instructed to seek immediate emergency medical care if the student's condition worsens or any emergency warning signs develop.

VII. Parent Guardian Notification

The Athletic Trainer shall notify the parent/guardian of a suspected concussion and provide appropriate written instructions. The required **Report of Head Injury Form** or school-based equivalent shall be completed in accordance with Massachusetts requirements.

The School Nurse and Athletic Director shall be notified according to the Wilmington High School concussion communication protocol.

VIII. Return to Activity

Following a diagnosed concussion, the student shall follow Wilmington High School's graduated return-to-learn and return-to-sport protocols. The student must meet Massachusetts requirements for medical clearance before returning to unrestricted extracurricular athletic participation.

IX. Outside or Unreported Head Injuries

If the school is informed of a concussion or significant head injury that occurred outside of school-sponsored activities, the student shall be referred to the School Nurse and/or Certified Athletic Trainer. Appropriate documentation shall be obtained, and the student shall follow the same school return-to-learn and return-to-sport requirements before resuming unrestricted participation.

MEDICAL CLEARANCE & RETURN TO SPORT

Medical Clearance Requirements

- A student diagnosed with a concussion must receive appropriate medical clearance and authorization before beginning the graduated Return-to-Play (RTP) protocol.

Massachusetts regulations require the appropriate Medical Clearance and Authorization Form, or a school-based equivalent, before the student resumes extracurricular athletic activity.

For Wilmington High School, the student must provide the required medical clearance from their healthcare provider and must have the Concussion Information and Gradual Return to Play form signed by a physician, physician assistant, licensed neuropsychologist, nurse practitioner, or Athletic Trainer stating when the student athlete is allowed to return to play.

Before beginning the graduated RTP protocol, the student must:

- Be symptom-free at rest;
- Have returned to routine academic/cognitive activities without concussion-related symptoms;
- Have completed the required medical evaluation and received appropriate medical clearance;
- Have a normal clinical assessment as determined by the healthcare professional/Certified Athletic Trainer; and
- Meet Wilmington High School's **Sway requirement**, demonstrating a score at or better than the student's established baseline.

*Massachusetts specifically requires the student to be symptom-free at rest, during exertion, and with cognitive activity in order to complete the graduated re-entry plan and be medically cleared to play.

The Post Sports-Related Head Injury Medical Clearance and Authorization form must be completed and signed by a physician, physician assistant, licensed neuropsychologist, or nurse practitioner and must indicate when the student-athlete is permitted to start the return to play protocol.

Graded Return-to-Sport Progression

The Wilmington High School Return-to-Sport (RTP) protocol shall follow a six-stage, progressive return-to-exercise model based on current NATA recommendations. Each stage must be completed for a minimum of 24 hours before progressing to the next stage.

Each stage of the RTP protocol must be completed under the direct supervision of the Certified Athletic Trainer (AT). The AT will determine the appropriate activity for each stage, monitor the student for symptoms, and document completion of each stage.

- The student must complete **one stage per day** and may not progress to the next stage until the current stage has been successfully completed.

- If a stage is **skipped, not completed, or completed without the supervision of the Athletic Trainer**, that stage will **not be considered completed** and must be repeated under the supervision of the Athletic Trainer on the following day.
- A student may not combine or complete multiple stages in a single day.
- If concussion symptoms recur or worsen during a stage, the activity will be stopped and the student will be reassessed by the Athletic Trainer. The student will not progress until symptoms have resolved and the appropriate stage can be successfully completed.

Stage	Activity
1. Symptom Limited Activity	Daily activities and light physical activity, such as walking, that do not cause more than mild and brief increase in symptoms.
2. Aerobic Exercise	Light to moderate aerobic exercise, such as stationary cycling or walking, with gradual increase in intensity. Light resistance exercise may be added as tolerated.
3. Individual Sport Specific Exercise	Sport specific activities such as running, skating, or individual drills. No activities with risk of head impact.
4. Non-Contact Training	High intensity aerobic exercise, more challenging drills, team-based non-contact activities, progressive resistance training.
5. Full-Contact Practice	Normal practice and full-contact training followed required medical clearance.
6. Return to Sport	Full participation in competition

- Before beginning Stage 1, the student must meet Wilmington High School's established requirements, including required medical clearance, appropriate clinical recovery, return to academic activity as appropriate, and a Sway score at or better than the student's established baseline.
- A minimum of six days is required to complete the six stages when each stage is successfully completed on consecutive days. The progression may take longer based on the student's symptoms or clinical recovery.

ACADEMIC RE-ENTRY PLAN

If a student is diagnosed with a concussion, Wilmington High School shall develop an individualized, graduated Return-to-Learn (RTL) plan to support the student's gradual return to full academic participation.

- The plan shall be developed collaboratively by the student, parent/guardian, School Nurse, school counselor, teachers, appropriate school administration, and Certified Athletic Trainer, with input from the student's healthcare provider as appropriate. If the student has a building-based student support team, 504 Team, or special education/IEP team, those teams should be consulted when appropriate.

The written Return-to-Learn plan shall address, but is not limited to:

- **Relative physical and cognitive rest as appropriate**, while avoiding unnecessary prolonged complete rest
- Gradual progression toward full academic participation based on the student's symptoms and tolerance
- Academic accommodations and modifications as needed, which may include reduced workload, extended time, rest breaks, reduced screen time, modified assignments, or other appropriate supports
- Expected timeline for recovery and progression toward full academic participation
- Monitoring of symptoms and academic tolerance by the School Nurse and appropriate school personnel
- Regular communication among the School Nurse, Athletic Trainer, teachers, school counselor, administration, student, and parent/guardian
- Communication with the student's healthcare provider when appropriate
- A plan for adjusting or discontinuing accommodations as the student's symptoms improve.

The School Nurse shall coordinate communication with teachers and other appropriate school personnel regarding the student's academic restrictions, accommodations, and progression toward full academic participation.

RESPONSIBILITIES & DUTIES

School Nurse

1. Complete the required annual concussion education/training in accordance with Massachusetts Department of Public Health requirements.
2. Review pre-participation concussion/head injury forms and follow up with parents/guardians as needed regarding reported concussion or head injury history.

3. Complete or assist with assessment of students who present to the Health Office with a suspected concussion or head injury during the school day and refer for medical evaluation when clinically indicated.
4. Monitor students with concussion symptoms during the school day and communicate changes in symptoms to the parent/guardian and appropriate school personnel.
5. Coordinate with the Certified Athletic Trainer, school counselor, teachers, administration, parent/guardian, and healthcare provider as appropriate to support the student's Return-to-Learn plan.
6. Notify appropriate teachers and school personnel of academic restrictions, accommodations, or modifications related to the student's concussion.
7. Maintain the required concussion-related health records, including pre-participation forms and Report of Head Injury Forms, in accordance with Massachusetts requirements.
8. Document concussion-related information in the student's health record in accordance with school and applicable legal requirements.
9. Communicate with the Certified Athletic Trainer regarding the student's academic status and recovery as appropriate.

Certified Athletic Trainer

1. Participate in the development and biannual review of the policies and procedures for the prevention and management of sports-related head injuries.
2. Complete the required annual and clinical concussion training in accordance with Massachusetts Department of Public Health requirements.
3. Review pre-participation forms and Report of Head Injury Forms to identify students with a history of concussion or head injury and coordinate follow-up when indicated.
4. Identify students with suspected head injuries or concussions occurring during practice or competition and immediately remove them from participation.
5. Conduct an appropriate clinical assessment of students with suspected concussion and document the evaluation, management, follow-up, and communication with parents/guardians and appropriate school personnel.
6. Utilize appropriate concussion assessment tools, including SCAT6 when appropriate, as part of a multimodal clinical assessment.
7. Utilize Sway as a supplemental assessment tool in accordance with Wilmington High School's concussion protocol. Sway shall not be used as the sole basis for diagnosing concussion or determining medical clearance.
8. Participate in the development and implementation of the student's individualized graduated Return-to-Learn and Return-to-Sport plans.
9. Communicate with the School Nurse regarding the student's concussion status, academic needs, and progression toward return to activity.

10. Maintain documentation of concussion evaluations, symptom progression, Sway assessments, return-to-sport progression, medical clearance, and relevant communications.
11. Communicate with the treating healthcare provider when appropriate regarding the student's evaluation, recovery, or return-to-sport progression.
12. Maintain appropriate concussion-related athletic training records in accordance with Wilmington Public Schools procedures and applicable law.

Athletic Director Responsibilities

1. Participate in the development and biannual review of the concussion policy and procedures.
2. Ensure required annual concussion education and training are completed and documented.
3. Ensure student-athletes meet applicable physical examination and pre-participation requirements before participating in extracurricular athletics.
4. Ensure required pre-participation forms, including concussion/head injury history documentation, are completed and submitted.
5. Ensure Report of Head Injury Forms are completed and reviewed as required by Massachusetts regulations.
6. Ensure student-athletes with a suspected concussion are not permitted to return to participation until they meet all applicable medical clearance and Wilmington High School requirements.
7. Ensure that students who have been removed from participation due to suspected concussion complete the required graduated Return-to-Sport process before unrestricted participation.
8. Ensure coaches, volunteers, and activity leaders follow the concussion policy and do not permit an athlete with a suspected concussion to return to participation.
9. Ensure coaches and other activity leaders do not encourage or permit unreasonably dangerous athletic techniques that unnecessarily endanger students.
10. Ensure required concussion records and annual reporting requirements are completed in accordance with Massachusetts regulations.

School Responsibilities

1. Review and, when necessary, revise the concussion policy **at least every two years**.
2. Establish a designated point person for coordinating academic support for a student recovering from concussion.
3. Establish an interdisciplinary school-based concussion management process that may include the School Nurse, Certified Athletic Trainer, school counselor, teachers, administration, student, parent/guardian, and other appropriate personnel.

4. Support the development and implementation of an individualized Return-to-Learn plan.
5. Assist teachers in implementing academic restrictions, accommodations, and modifications.
6. Monitor the student's academic progress and adjust supports as needed.
7. Provide staff education regarding concussion recognition, reporting, academic effects, and return-to-learn procedures.
8. Include concussion information and applicable school procedures in student and parent/guardian materials.
9. Provide language-appropriate concussion education and materials to parents/guardians with limited English proficiency.
10. Maintain communication between school personnel, the parent/guardian, and the student's healthcare provider as appropriate.

Current NATA guidance specifically supports an interdisciplinary school-based concussion management team and individualized academic support rather than a one-size-fits-all academic restriction.

Parent/Guardian Responsibilities

1. Complete and return required concussion/head injury history and pre-participation forms.
2. Report any concussion or significant head injury sustained outside of school-sponsored activities to the School Nurse and/or Certified Athletic Trainer.
3. Complete required annual concussion education.
4. Monitor the student for worsening or persistent symptoms and seek medical attention when indicated.
5. Follow the recommendations provided by the student's healthcare provider, School Nurse, and Certified Athletic Trainer.
6. Support the student's Return-to-Learn and Return-to-Sport plans.
7. Communicate with the School Nurse and/or Certified Athletic Trainer regarding changes in symptoms, academic functioning, or medical recommendations.
8. Ensure the student follows activity restrictions and does not participate in athletics until appropriately authorized.
9. Ensure required medical clearance documentation is provided to the Athletic Department before the student begins or resumes participation as required by Massachusetts regulations and Wilmington High School policy.
10. Recognize that a student may not participate in extracurricular athletics until all required forms, education, medical clearance, and other school requirements have been completed.

Student Responsibilities

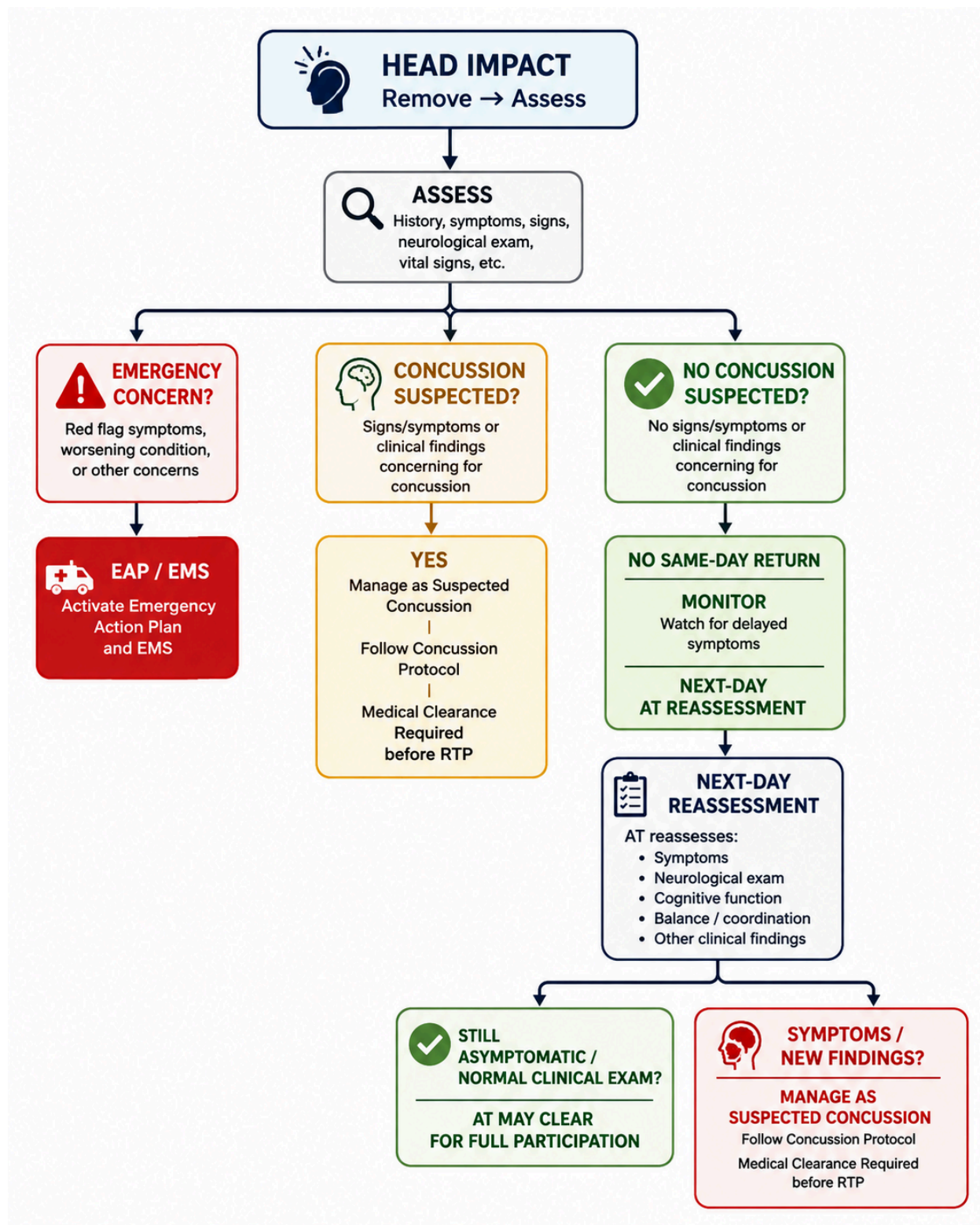
1. Complete the required **Sway baseline assessment** before participation in athletics in accordance with Wilmington High School policy.

2. Complete and submit required pre-participation and concussion history forms.
3. Complete required annual concussion education.
4. Immediately report suspected head injuries and concussion symptoms to the Certified Athletic Trainer, coach, School Nurse, parent/guardian, or other appropriate healthcare professional.
5. Be honest and accurate when reporting symptoms.
6. Follow all medical recommendations and the Wilmington High School concussion management protocol.
7. Follow the Return-to-Learn and Return-to-Sport plans.
8. Communicate with teachers and the School Nurse when concussion symptoms interfere with academic work.
9. Report any recurrence or worsening of symptoms during recovery or return to activity.
10. Complete all required stages of the Wilmington High School supervised Return-to-Sport progression.
11. Provide required medical clearance documentation before returning to unrestricted athletic participation.
12. Understand that failure to complete required education, testing, forms, medical clearance, or other requirements will result in exclusion from participation until the requirements are satisfied.

Coach & Band/Activity Instructor Responsibilities

1. Complete the required **annual concussion education** approved by the Massachusetts Department of Public Health.
2. Recognize the signs and symptoms of concussion and other serious head injuries.
3. Immediately remove a student from participation when a concussion or other significant head injury is suspected.
4. **Never allow a student suspected of having a concussion to return to participation on the same day.**
5. When the Certified Athletic Trainer is not present, follow the Wilmington High School EAP and concussion procedures, including activating EMS when indicated and notifying the parent/guardian and appropriate school personnel.
6. Complete the required Report of Head Injury Form or school-based equivalent when required.
7. Notify the Certified Athletic Trainer and School Nurse of any suspected head injury as soon as possible.
8. Do not independently determine that a student is safe to return to participation following a suspected concussion.
9. Do not permit a student to return to practice, competition, or other athletic participation until the student has met all applicable medical clearance and Wilmington High School requirements.

10. Follow the Certified Athletic Trainer's instructions regarding the student's participation during the graduated Return-to-Sport process.
11. Monitor students returning from concussion and immediately report any recurrence of symptoms to the Certified Athletic Trainer.
12. Do not encourage or permit unreasonably dangerous athletic techniques or the use of equipment as a weapon.



RESOURCES

1. Massachusetts Department of Public Health (DPH) – Sports-Related Concussions and Head Injuries, Massachusetts DPH – Sports-Related Concussions and Head Injuries
2. Massachusetts Department of Public Health – 105 CMR 201.000: Head Injuries and 105 CMR 201.000 – Head Injuries and Concussions in Extracurricular Athletic Activities
3. Massachusetts DPH – Sports Concussion Regulations FAQs, Sports Concussion Regulations FAQs – Massachusetts DPH
4. Centers for Disease Control and Prevention (CDC) – HEADS UP, CDC HEADS UP – Concussion Resources
5. National Athletic Trainers' Association (NATA) – Bridge Statement: Management of Sport-Related Concussion, NATA Bridge Statement – Management of Sport-Related Concussion
6. Massachusetts Interscholastic Athletic Association (MIAA) – Concussion Resources
7. Korey Stringer Institute – University of Connecticut, Provides evidence-based resources and education related to the prevention, recognition, and management of exertional and sports-related injuries, including resources relevant to secondary school athletics.
8. National Federation of State High School Associations (NFHS) – Concussion in Sports Provides the NFHS concussion education course, “Concussion in Sports.”