

ATHLETIC CONCUSSION REGULATIONS

Section I. What is a Concussion?

A concussion is defined as a transient alteration in brain function without structural damage, but with other potentially serious long-term ramifications. In the event of a concussion, the brain sustains damage at a microscopic level in which cells and cell membranes are torn and stretched. The damage to these cells also disrupts the brain at a chemical level, as well as causing restricted blood flow to the damaged areas of the brain, thereby disrupting brain function. A concussion, therefore, is a disruption in how the brain works; it is not a structural injury. Concussions are difficult to diagnose because the damage cannot be seen. A MRI or CT scan cannot diagnose a concussion, but they can help rule out a more serious brain injury to a student athlete. Because concussions are difficult to detect, student athletes must obtain medical approval before returning to athletics following a concussion.

Section II. Mechanism of Injury:

A concussion is caused by a bump, blow, or jolt to the head or body. Any force that causes the brain to bounce around or twist within the skull can cause a concussion. A bump, blow, or jolt to the head or body can be caused by either indirect or direct trauma. The two direct mechanisms of injury are coup-type and countercoup-type. Coup-type injury is when the head is stationary and struck by a moving object such as another player's helmet, a ball, or sport implement, causing brain injury at the location of impact. Countercoup-type injury occurs when the head is moving and makes contact with an immovable or slowly moving object as a result of deceleration, causing brain injury away from the sight of impact. Indirect forces are transmitted through the spine and jaw or blows to the thorax that whip the head while the neck muscles are relaxed. Understanding the way in which an injury occurred is vital in understanding and having a watchful eye for athletes who may exhibit symptoms of a concussion so these student athletes can receive the appropriate care.

Section III. Signs and Symptoms:

Signs (what you see):

- Confusion
- Forgets plays
- Unsure about game, score, opponent
- Altered coordination
- Balance problems
- Personality change
- Slow response to questions
- Forgets events prior to injury (retrograde amnesia)
- Forgets events after injury (anterograde amnesia)
- Loss of consciousness (any duration)

Symptoms (reported by athlete):

- Headache
- Fatigue
- Nausea or vomiting
- Double vision/blurry vision
- Sensitivity to light (photophobia)

- Sensitivity to noise (tinnitus)
- Feels sluggish
- Feels foggy
- Problems concentrating
- Problems remembering
- Trouble with sleeping/excess sleep
- Dizziness
- Sadness
- Seeing stars
- Vacant stare/glassy eyed
- Nervousness
- Irritability
- Inappropriate emotions

If any of the above signs or symptoms is observed after a suspected blow to the head, jaw, spine, or body, they may be indicative of a concussion and the student athlete must be removed from play immediately and not allowed to return until cleared by an appropriate allied health professional.

Section IV. Management and Referral Guidelines:

1. When an athlete loses consciousness for any reason, the athletic trainer will start the EAP (Emergency Action Plan) by activating EMS; check ABC's (airway, breathing, circulation): stabilize the cervical spine; and transport the injured athlete to the appropriate hospital via ambulance. If the athletic trainer is not available, the coach should immediately call EMS, check ABC's and not move the athlete until help arrives.
2. Any athlete who is suspected to have sustained a concussion and is removed from the competition or event and begins to develop signs and symptom of worsening brain injury will be transported to the hospital immediately in accordance with the EAP. **Worsening signs and symptom requiring immediate physician referral include:**
 - A. Amnesia lasting longer than 15 minutes
 - B. Deterioration in neurological function
 - C. Decreasing level of consciousness
 - D. Decrease or irregularity of respiration
 - E. Decrease or irregularity in pulse
 - F. Increase in blood pressure
 - G. Unequal, dilated, or un-reactive pupils
 - H. Cranial nerve deficits
 - I. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - J. Mental-status changes: lethargy, difficulty maintaining arousal, confusion, agitation
 - K. Seizure activity
 - L. Vomiting/worsening headache
 - M. Motor deficits subsequent to initial on-field assessment
 - N. Sensory deficits subsequent to initial on-field assessment
 - O. Balance deficits subsequent to initial on-field assessment
 - P. Cranial nerve deficits subsequent to initial on- field assessment
 - Q. Post-concussion symptoms worsen
 - R. Athlete is still symptomatic at the end of the game

3. After a student athlete sustains a concussion, the athletic trainer will use the Standardized Assessment for Concussion (SAC) or other similar assessment tool to assess and document the student athlete's concussion. The athletic trainer will also report on the student athlete's signs and symptoms by using the Signs and Symptoms Check-List. On the signs and symptoms checklist, the athletic trainer will also check pulse and blood pressure of each student athlete with a suspected concussion. The ImpACT test or equivalent test will be utilized to aid in the progression of the athlete's return to play. The ImpACT test is one component of the return to play management plan and will not be used as the sole criteria for clearance.
4. Any athlete who is symptomatic, but stable, is allowed to go home with his/her parent(s)/guardian(s) following the head injury.
 - A. If the head injury occurs at practice, parent(s)/guardian(s) will immediately be notified and must come and pick up the student athlete and talk to the certified athletic trainer in person.
 - B. If the injury occurs at a game or event, the student athlete may go home with the parent(s)/guardian(s) after talking with the certified athletic trainer.
 - C. Parent(s)/guardian(s) will receive important information regarding signs and symptoms of deteriorating brain injury/function prompting immediate referral to a local emergency room, as well as return to play requirements. Parent(s)/guardian(s), as well as student athletes, must read and sign the Concussion Information and Return to Play form and bring it back to the certified athletic trainer before starting with the Return to Play protocol.

V. Return to Play Protocol:

1. ImpACT (Immediate Post-Concussion Assessment and Cognitive Testing) is a research-based software tool utilized to evaluate recovery after concussion. It was developed at the University of Pittsburgh Medical Center (UPMC). ImpACT evaluates multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time, and post-concussion symptoms.
 - a. Neuropsychological testing is utilized to help determine recovery after concussion.
2. Athletes at Agawam High School will take the baseline ImpACT test or equivalent neuropsychological test prior to participation in high school athletics in their freshmen and junior years. The Athletic Training Staff will coordinate the testing sessions.
 - A. At the beginning of every sport season, student athletes are required to complete a concussion history form and return it to the athletic department. This information will be recorded in the student information system for tracking purposes.
 - B. Following any concussion, the athletic trainer and/or coach/athlete must notify the athletic director and school nurse.
 - C. Return to play after concussion: Each athlete who is removed from play and subsequently suspected to have a concussion must have a written graduated re-entry plan for return to full athletic participation.
 1. The athlete must meet **all of the following criteria** in order to progress to activity:
 - a. Athlete has rested from activity for a minimum of five (5) days **AND:**
 - b. Athlete is asymptomatic at rest and exertion (including mental exertion in school) **AND:**
 - c. Athlete is within normal range of baseline on post-concussion ImpACT or equivalent testing **AND:**
 - d. Has submitted a Department Post Sports-Related Medical Clearance and Authorization Form completed by their Primary Care Physician or Head Injury Specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician).

- e. The athlete must be completely symptom free and **medically cleared in order to begin** re-entry to athletic participation.
2. Once the above criteria are met, the athlete will be progressed back to full activity following a stepwise process, (as recommended by both the Prague and NATA Statements), under the supervision of the Athletic Trainer.
3. Progression is individualized and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport should be progressed more slowly.
4. Stepwise progression as described in the Prague Statement:
 - a. No activity – do not progress until asymptomatic
 - b. Light aerobic exercise – walking, stationary bike
 - c. Sport-specific training (e.g. skating in hockey, running in soccer)
 - d. Non-contact training drills
 - e. Full-contact training after medical clearance
 - f. Game play
 - If the athlete experiences post-concussion symptoms during a phase, the athlete should drop back to the previous asymptomatic level and resume the progression after 24 hours.
5. The Athletic Trainer and the athlete will discuss appropriate activities for the day. The athlete will be given verbal and written instructions regarding permitted activities.
6. The athlete should see the Athletic Trainer daily for re-assessment and instructions until he or she has progressed to unrestricted activity and been given a written report to that effect from the Athletic Trainer.
7. Any athlete who sustains a second concussion in the same season must be evaluated and cleared by a neurologist, neuropsychologist, or equivalent specialist.

Section VI. School Nurse Responsibilities:

1. Participate and complete the on-line CDC training course regarding concussions. A Certificate of Completion will be awarded once the on-line course has been successfully completed and this certificate should be sent to and kept by the nurse leader.
2. Complete Symptom Assessment Sheet when student athlete enters the Health Office (HO) with questionable concussion during school hours. Repeat in 15 minutes. The Athletic Director will supply the appropriate Symptom Assessment Sheets.
3. Observe students with concussion for a minimum of 30 minutes.
4. If symptoms are present, notify parent(s)/guardian(s) and instruct parent(s)/guardian(s) that student must be evaluated by a MD.
 - a. If symptoms are not present, the student may return to class.
5. If symptoms appear after a negative assessment, MD referral is necessary.
6. Allow students who are in recovery to rest in Health Office when needed.
7. Follow physician's plan for student regarding pain management.
8. School nurse will notify school counselors of any students or student athletes who have academic restrictions or modifications related to their concussion.
9. Educate parents and teachers about the effects of concussion and returning to school and activity by directing them to the Agawam Public Schools website link to the MIAA concussion information page.

10. If injury occurs during the school day, inform administrator and complete accident/incident form.
11. Enter physical exam dates and concussion dates into the student information system.

Section VII. School Responsibilities:

1. Review and, if necessary, revise the concussion policy every 2 years.
2. Once the school is informed of the student's concussion, a contact or "point person" should be identified (e.g. the school counselor, athletic director, school nurse, school psychologist, or teacher).
3. Point person to work with the student on organizing work assignments, making up work, and giving extra time for assignments and tests/quizzes.
4. Assist teachers in following the recovery stage for student.
5. Convene meeting and develop rehabilitative plan.
6. Decrease workload if symptoms appear.
7. Recognize that the student's ability to perform complex math equations may be different from the ability to write a composition depending on the location of the concussion in the brain.
8. Educate staff on the signs and symptoms of concussions and the educational impact concussions may have on students.
9. Include concussion information in student handbooks.
10. Develop a plan to communicate and provide language-appropriate educational materials to parents with limited English proficiency.

Section VIII. Athletic Director Responsibilities:

1. Provide parents, athletes, coaches, and volunteers with educational training and concussion materials yearly.
2. Ensure that all educational training programs are completed and recorded.
3. Ensure that all students meet the physical exam requirements consistent with 105 CMR 200.000 prior to participation in any extracurricular athletic activity.
4. Ensure that all students participating in extracurricular athletic activity have completed and submitted their pre-participation forms, which include health history form, concussion history form, and MIAA form.
5. Ensure that athletes are prohibited from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon.
6. Ensure that all head injury forms are completed by parent(s)/guardian(s) or coaches and reviewed by the coach, athletic trainer, school nurse, and school physician.
7. Inform parent(s)/guardian(s) that, if all necessary forms are not completed, their child will not participate in athletic extracurricular activities.

Section IX. Parent/Guardian Responsibilities:

1. Complete and return concussion history form to the athletic department.
2. Inform school if student sustains a concussion outside of school hours. Complete new concussion history form following new injury.
3. If student suffers a concussion outside of school, complete head injury form and return it to the school nurse.
4. Complete a training provided by the school on concussions and return Certificate of Completion to the athletic department.
5. Watch for changes in your child that may indicate that your child does have a concussion or that your child's concussion may be worsening. Report to a physician:
 - A. Loss of consciousness
 - B. Headache

- C. Dizziness
 - D. Lethargy
 - E. Difficulty concentrating
 - F. Balance problems
 - G. Answering questions slowly
 - H. Difficulty recalling events
 - I. Repeating questions
 - J. Irritability
 - K. Sadness
 - L. Emotionality
 - M. Nervousness
 - N. Difficulty with sleeping
6. Encourage your child to follow concussion protocol.
 7. Enforce restrictions on rest, electronics, and screen time.
 8. Reinforce recovery plan.
 9. Request a contact person from the school with whom you may communicate about your child's progress and academic needs.
 10. Observe and monitor your child for any physical or emotional changes.
 11. Request to extend make-up time for work if necessary.
 12. Recognize that your child will be excluded from participation in any extra-curricular athletic event if all forms are not completed and on file with the athletic department.

Section X. Student and Student Athlete Responsibilities:

1. Complete Baseline ImPACT Test prior to participation in athletics.
2. Return required concussion history form prior to participation in athletics.
3. Participate in all concussion training and education and return Certificate of Completion to the athletic department prior to participation in athletics.
4. Report all symptoms to athletic trainer and/or school nurse.
5. Follow recovery plan.
6. **REST**
7. **NO ATHLETICS**
8. **BE HONEST!**
9. Keep strict limits on screen time and electronics.
10. Don't carry books or backpacks that are too heavy.
11. Tell your teachers if you are having difficulty with your class work.
12. See the athletic trainer and/or school nurse for pain management.
13. Return to sports only when cleared by physician and the athletic trainer.
14. Follow Return to Play Guidelines.
15. Report any symptoms to the athletic trainer and/or school nurse and parent(s)/guardian(s) if any occur after return to play.
16. Return medical clearance form to athletic trainer prior to return to play.
17. Students who do not complete and return all required trainings, testing, and forms will not be allowed to participate in sports.

Section XI. Coach & Band Instructor Responsibilities:

1. Participate in Concussion Education Course offered by the National Federation of State High School Associations (NFHS) on a yearly basis.

2. Ensure all student athletes have completed ImPACT baseline testing before participation.
3. Ensure all student athletes have returned concussion history and health history form prior to participation in athletics.
4. Complete a head injury form if their player suffers a head injury and the athletic trainer is not present at the athletic event. This form must be shared with the athletic trainer and school nurse.
5. Ensure all students have completed a concussion educational training and returned their Certificate of Completion prior to participation in athletics.
6. Remove from play any student athlete who exhibits signs and symptoms of a concussion.
7. Do not allow student athletes to return to play until cleared by a physician and athletic trainer.
8. Follow Return to Play Guidelines.
9. Refer any student athlete with returned signs and symptoms back to athletic trainer.
10. Any coach, band instructor, or volunteer coach for extra-curricular activities shall not encourage or permit a student participating in the activity to engage in any unreasonably dangerous athletic technique that unnecessarily endangers the health of a student athlete, including using a musical instrument, helmet, or any other sports equipment as a weapon.

Section XII. Post Concussion Syndrome:

Post Concussion Syndrome is a poorly understood condition that occurs after a student athlete receives a concussion. Student athletes who receive concussions can have symptoms that last a few days to a few months, and even up to a full year, until their neurocognitive function returns to normal. Therefore, all school personnel must pay attention to and closely observe all student athletes for post concussion syndrome and its symptoms. Student athletes who are still suffering from concussion symptoms are not ready to return to play. The signs and symptoms of post concussion syndrome are:

- Dizziness
- Headache with exertion
- Tinnitus (ringing in the ears)
- Fatigue
- Irritability
- Frustration
- Difficulty in coping with daily stress
- Impaired memory or concentration
- Eating and sleeping disorders
- Behavioral changes
- Alcohol intolerance
- Decreases in academic performance
- Depression
- Visual disturbances

Section XIII. Second Impact Syndrome:

Second Impact Syndrome is a serious medical emergency and a result of an athlete returning to play and competition too soon following a concussion. Second Impact Syndrome occurs because of rapid brain swelling and herniation of the brain after a second head injury that occurs before the symptoms of a previous head injury have been resolved. The second impact that a student athlete may receive may only be a minor blow to the head or it may not even involve a hit to the head. A blow to the chest or back may create enough force to snap the athlete's head and send acceleration/deceleration forces to an already compromised brain. The resulting symptoms occur because of a disruption of the brain's blood auto-regulatory system which leads to swelling of the brain, increasing intracranial pressure and herniation.

After a second impact, a student athlete usually does not become unconscious, but appears to be dazed. The student athlete may remain standing and be able to leave the field under his/her own power. Within fifteen (15) seconds to several minutes, the athlete's condition worsens rapidly, with dilated pupils, loss of eye movement, loss of consciousness leading to coma, and respiratory failure. The best way to handle Second Impact Syndrome is to prevent it from occurring altogether. All student athletes who incur a concussion must not return to play until they are asymptomatic and cleared by an appropriate health care professional.

Section XIV. Concussion Education:

It is extremely important to educate coaches, athletes, and the community about concussions. On a yearly basis, all coaches must complete the online course called, "Concussion In Sports; What You Need to Know." This course is offered by the National Federation of State High School Associations (NFHS). Student athletes also need to understand the importance of reporting a concussion to their coaches, parents, athletic trainer, and other school personnel. Every year, student athletes and parents will participate in educational training on concussions and complete a Certificate of Completion. This training may include:

- CDC Heads-Up Training, or
- Training provided by the school district

The school district may also offer seminars, speakers, and discussion panels on the topic of concussions. Seminars offer an opportunity for the certified athletic trainer, athletic director, and nurse leader to speak about concussions on the field at practices and games and to discuss the protocol and policy that the district has enacted. Providing education within the community will offer the residents and parents of athletes an opportunity to ask questions and voice their concerns on the topic of brain injury and concussions. When it comes to concussions, everyone needs to be aware of the potential dangers and remember that a concussion is a brain injury. Whenever anyone has a doubt about a student athlete with a concussion, **SIT THEM OUT and have them see the appropriate healthcare professional.**

REF: MASC 2011 - 2012

Agawam Public Schools 2012

Approved by the School Committee on February 28, 2012 by a vote of 7 – 0.