Pope Francis High School Athletics Concussion Policy and Procedures



PFHS Athletics Concussion Policy Revised May 2016

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Section I - Introduction

In accordance with 105 CMR 201.000, "Head Injuries and Concussions in Extracurricular Athletic Activities" and in conjunction with the Massachusetts Interscholastic Athletic Association (MIAA) recommendations, Pope Francis High School aims to properly assess and treat student-athletes with suspected concussions. PFHS has established this protocol to provide education about sports-related concussions for athletic department staff, other school personnel, parents, and athletes. This protocol outlines procedures for staff to follow in order to properly manage sports-related concussions.

This policy will be reviewed annually by the Pope Francis High School Athletic Department and Nursing staff. This policy should be reviewed on a yearly basis with all athletic and coaching staff to discuss roles and responsibilities for the management of sports-related concussions. This policy is applicable to all Pope Francis High School Extracurricular Athletic Activities.

Section II - Mechanism of Injury and Definition of Concussion

A concussion can be caused by a direct blow to the head or by an indirect trauma. This means any force that causes the brain to bounce or rotate within the skull, and may or may not include loss of consciousness.

A concussion can be defined as a complex disturbance in brain function, due to indirect or direct trauma to the head, related to neurometabolic dysfunction, rather than structural. The sudden force can result in brain cells being stretched and damaged, creating chemical changes in the brain. Concussions can be difficult to diagnose since the injury cannot be seen.

Section III - Recognition of Concussion

Common signs and symptoms of sports-related concussion:

Signs (observed by others):

☐ Athlete appears dazed or stunned
☐ Confusion or forgetfulness (about plays, assignment, etc.)
☐ Unsure about game, score, opponent
☐ Moves clumsily, balance problems
☐ Change in personality or demeanor
☐ Responds slowly to questions
☐ Forgets events prior to or after hit

	Loss of consciousness (any duration)
Sympt	oms (reported by athlete):
	Headache
	Dizziness
	Fatigue
	Nausea or vomiting
	Double or blurred vision
	Sensitivity to light
	Sensitivity to noise
	Feels sluggish
	Feels "foggy"
	Difficulty concentrating
	Difficulty remembering
	signs and symptoms are indicative of probable concussion. Other causes for these oms should also be considered and ruled out.
Secti	on IV - Overview of PFHS Management and Referral Guidelines
activat should	a student-athlete loses consciousness for any reason, the Athletic Trainer will te the PFHS Emergency Action Plan. If the Athletic Trainer is unavailable, the coach d call EMS right away, and monitor the student-athlete's airway, breathing, and ation (ABC's) and not move the student-athlete until trained medical assistance s.
Any st	udent-athlete who is removed from practice or competition and begins to develop
•	and symptoms of a worsening brain injury should be transported to the hospital
_	diately by ambulance. These worsening signs and symptoms requiring
	diate transport include:
	Deterioration of neurological function
	Decreasing level of consciousness
	Amnesia lasting longer than 15 minutes
	Decrease or irregularity in respirations
	Decrease or irregularity in pulse
	Unequal, dilated, or unreactive pupils
	Increase in blood pressure
	Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
	Mental status changes: lethargy, difficulty maintaining arousal, confusion, agitation
	Vomiting or worsening headache

Seizure activity
Cranial nerve deficits

An athlete who is symptomatic but stable may be transported by his or her parents. The parents should be advised to contact the athlete's primary care physician, or seek care at the nearest emergency department, **on the same day of the injury.**

Any athlete who sustains a head injury or suspected concussion during practice or competition, or exhibits signs and symptoms of a concussion, shall be removed from practice or competition immediately and may not return to practice or competition that day.

In order to return to the extracurricular athletic activity, the athlete must provide medical clearance and authorization to return to play as specified in the PFHS Concussion Policy and 105 CMR 201.011.

Section V - Concussion Vital Signs Neurocognitive Testing

Concussion Vital Signs is a research-based software tool utilized to evaluate cognitive recovery following a concussion. The test evaluates multiple aspects of neurocognitive function including memory, attention, brain processing speed, reaction time, and post-concussion symptoms.

All student-athletes at Pope Francis High School will complete the Concussion Vital Signs Baseline Test prior to participation in high school athletics. They will be retested every other year. The baseline test must be valid before the student-athlete can participate in athletics. The Pope Francis Athletic Trainer or Nurse will notify the student-athlete, parent, or coach if the student-athlete's test is invalid and needs to be retaken. (Appendix A)

If for any reason the student-athlete is unable to complete a valid Concussion Vital Signs Baseline Test, his or her scores will be evaluated, and the need for additional baseline testing will be determined (SAC testing).

Following a concussion, the student-athlete will take a Post-Injury Concussion Vital Signs Test on the fifth day of being symptom-free. The student-athlete's Post-Injury test will be compared to his or her baseline test. The athlete must be within 5% of baseline for every section. Once the student-athlete passes this test, he or she will be able to begin the Gradual Return to Play Protocol, if also cleared by a physician to do so.

If the student-athlete does not pass the first Post-Injury test the Athletic Trainer and School Nurse will interpret the results and determine when the athlete should take a second Post-Injury test.

The student-athlete will not be allowed to begin the Gradual Return to Play Protocol until his or her Post-Injury test has returned to within 5% of baseline for each section, and he or she has physician clearance.

Concussion Vital Signs testing will be utilized after a sports-related concussion to aid in the safe return to full participation for our student-athletes. The Concussion Vital Signs Test is one component of the return to play protocol and will not be used as the sole criteria for clearance.

Section VI - Academic Re-entry Plan and Gradual Return to Play Protocol

Each student-athlete who is diagnosed with a concussion shall have an individualized, gradual re-entry plan for both academics and extracurricular athletics. The gradual academic re-entry plan shall be developed by the Guidance Counselors, in collaboration with the student's teachers, School Nurse, Athletic Trainer, parent/guardian, and student's physician. The academic re-entry plan should include:

Cognitive rest as appropriate
Graduated return to classroom studies as appropriate including accommodations
and modifications
Estimated time intervals for resumption of studies
Frequency of assessments by the School Nurse and Athletic Trainer until full return
to classroom activities are authorized
A plan for communication and coordination between school personnel, the
parent/guardian, and the student-athlete's physician who is managing the student's
recovery

Information concerning a student-athlete's history of head injury and concussion, recuperation, gradual re-entry plan, and authorization to return to full academics and extracurricular athletics shall be shared with the Athletic Director, the student-athlete's coach, Athletic Trainer, School Nurse, Guidance Counselors, and teachers. The student-athlete's teachers shall be provided with the signs and symptoms of a concussion. Information concerning a student-athlete's gradual re-entry plan may be shared with other school personnel on a need to know basis consistent with the District's obligations under federal and state law including but not limited to Massachusetts Student Records Regulations, 603 CMR 23.00, and the Federal Family Rights and Privacy Act Regulations, 34 CFR Part 99.

The Gradual Return to Play Protocol consists of 5 days of exertional post-concussion tests, leading up to a return to a full practice. The exertional testing will be administered by a Certified Athletic Trainer or other allied healthcare professional. The student-athlete must be asymptomatic during the exertional tests in order to move on to the next day and eventually to return to play. If symptoms do return, the student-athlete must restart the Gradual Return to Play Protocol and return to Day 1. Only one exertional test can be completed in a day. Therefore, the Gradual Return to Play Protocol will take a minimum of 5 days to complete. (Appendix B)

The following requirements must be met before a student-athlete can start the Gradual Return to Play Protocol:

- 1. Student-athlete has been asymptomatic for at least 5 days
- 2. Neurocognitive testing returns to within 5% of baseline
- 3. Physician clearance to begin Gradual Return to Play Protocol

An Athletic Trainer or other allied healthcare professional will administer the Gradual Return to Play Protocol and verify when it has been completely successfully.

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 the sport in which the athlete participates.

Upon completion of the Gradual Return to Play Protocol, the Athletic Trainer will send the necessary forms to the student- athlete's physician to be completed.

The student-athlete may not participate in practice or competition until The *Post Sports-Related Head Injury Medical Clearance and Authorization Form* has been completed by a licensed physician, licensed neurophysiologist, licensed physician assistant, nurse practitioner, or other appropriately trained and licensed health care professional. (Appendix C)

The Athletic Trainer will notify coaches, Athletic Director, and Principal when the studentathlete has received final clearance to return to play.

Section VII - Parent Responsibility

1. Ensure that your son or daughter has an up-to-date physical exam on file with the School Nurse. Physicals are valid for 13 months. You will be notified by the Athletic Trainer when your son or daughter's physical is about to expire.

- 2. Complete and update the *Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities* before every sports season. (Appendix D)
- 3. Complete the *Pope Francis High School Athletics Concussion Regulations and Education* form before the start of athletic participation every year. (Appendix E)
- 4. Complete the *Acknowledgement of Understanding of the Athletic Handbook and Pope Francis Concussion Policy, and Participation Consent* form. (Appendix F)
- 5. Inform the school if student-athlete experiences a concussion outside of school hours.
- 6. Watch for physical and emotional changes in your child that may indicate that he or she has a concussion or that the concussion is worsening. Report these symptoms to your physician.
- 7. Encourage your child to follow the concussion recovery protocol, which includes rest and limited use of electronics and screen time.
- 8. Request a contact person through the school Guidance Department with whom you can communicate about your child's academic needs and accommodations.
- 9. Recognize that your child will be excluded from extracurricular athletic participation until all forms are completed and on file with the athletic department.

Section VIII - Student-Athlete Responsibility

- 1. Ensure that you have an up-to-date physical exam on file with the School Nurse. Physicals are valid for 13 months. You will be notified by the Athletic Trainer when your physical is about to expire.
- 2. Complete and update the *Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities* before every sports season. (Appendix D)
- 3. Complete the *Pope Francis High School Athletics Concussion Regulations and Education* form before the start of athletic participation every year. (Appendix E)
- 4. Complete the Acknowledgement of Understanding of the Athletic Handbook and Pope Francis Concussion Policy, and Participation Consent Form. (Appendix F)

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- 5. Complete the neurocognitive baseline testing (Concussion Vital Signs) before athletic participation. This will then be completed every other year. (Appendix A)
- 6. Report all symptoms to the Athletic Trainer, Coach, and/or School Nurse.
- 7. Follow rest and recovery plan recommended by the physician.
- 8. Be honest about symptoms and ability to complete schoolwork.
- 9. See the School Nurse for pain management during school hours.
- 10. Complete the Post-Injury neurocognitive testing and Gradual Return to Play Protocol with Athletic Trainer.
- 11. Return to extracurricular athletic participation only when cleared by your physician and Athletic Trainer.
- 12. Student-athletes who do not complete and return all required trainings, testing, and forms will not be allowed to participate in extracurricular athletics at Pope Francis High School.

Section IX - Coach Responsibility

- 1. Complete the "Concussion in Sports" concussion education course offered by the National Federation of State High School Associations (NFHS) every year. Obtain the certificate of completion and return to the Athletic Director or Athletic Trainer.
- 2. Ensure all student-athletes have completed neurocognitive baseline testing before participation.
- 3. Ensure all student-athletes have completed necessary forms related to concussions.
- 4. Remove from play any student-athlete who exhibits signs or symptoms of a concussion and refer the athlete for medical evaluation.
- 5. Complete a head injury form if your player suffers a head injury and the Athletic Trainer is not present at the athletic event. Share this form with the Pope Francis High School Athletic Trainer or Nurse. (Appendix G)
- 6. Seek assistance from host site Athletic Trainer if at an away contest.

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- 7. If the Pope Francis Athletic Trainer is unavailable, or the athlete is injured at an away event, then the coach is responsible for notifying the athlete's parents of the injury.
- 8. Remind the athlete to report to the School Nurse before school starts, on the day that he or she returns to school after the injury.
- 9. Follow Gradual Return to Play Guidelines; do not allow student-athletes to return to play until cleared by his or her physician and Athletic Trainer.
- 10. Refer any student-athlete with returned signs and symptoms back to the Athletic Trainer.
- 11. Any coach must teach techniques aimed at minimizing sports-related head injuries. Coaches will discourage and prohibit student-athletes from engaging in any unreasonably dangerous athletic techniques that endangers the health or safety of a student-athlete, including using a helmet or any other sports equipment as a weapon.

Section X - Athletic Trainer Responsibility

- 1. Review new information on concussion management practices and advise the revision of guidelines accordingly, and complete the NFHS "Concussions in Sport" course as well.
- 2. Administer Baseline and Post-Injury neurocognitive testing at Pope Francis High School.
- 3. Ensure that all students meet the physical exam requirements consistent with 105 CMR 200.000 prior to the participation in any extracurricular athletic activity.
- 4. Ensure that all students participating in extracurricular athletic activities have completed and submitted their pre-participation forms to the health or athletic department.
- 5. Ensure that athletes are prohibited from engaging in any unreasonably dangerous athletic techniques that endangers the health or safety of a student-athlete, including a helmet or any other sports equipment as a weapon.

- 6. Educate parents, student-athletes, and coaches about recognizing a concussion and the appropriate emergency actions to follow in the event of a student-athlete concussion.
- 7. Work with the coaching staff to recognize and remove any student-athlete from activity that is suspected of sustaining a concussion.
 - a. If a serious head injury or c-spine injury has occurred, the Emergency Action Plan will be activated and the student-athlete's parent will be notified.
 - b. If a serious head injury or c-spine has been ruled out, the Athletic Trainer will monitor the athlete for any worsening signs or symptoms.
 - c. Vital signs and symptoms will be documented using the *Post-Concussion Symptom Checklist*. (Appendix H). The *Standardized Assessment of Concussion (SAC)* or the Sport Concussion Assessment Tool 3rd Edition (SCAT 3) may also be used. (Appendix I and J)
 - d. If there is a suspected concussion, the parent will be notified and the *Pope Francis High School Report of Head Injury* form will be given to the student-athlete to take to the physician. It is suggested that the student-athlete be taken to an allied healthcare professional the SAME day the head injury occurred.
 - e. Notify the Principal, Athletic Director, and School Nurse of any studentathlete believed to have sustained a head injury or who has been advised to be seen by an allied healthcare professional for a head injury.
- 8. Work with the school nurse to ensure daily documentation of the student-athlete's symptoms.
- 9. Work with the School Nurse to develop a plan for Post-Injury neurocognitive testing, and review the neurocognitive test results through the concussion recovery phase to determine the need for additional testing.
- 10. Supervise the student-athlete's Gradual Return to Play Protocol once cleared by the physician.
- 11. Communicate with the parent, coaching staff, school nurse, and administration on the status of student-athletes with head injuries.
- 12. Provide proper paperwork and documentation in a timely manner for the parent and allied healthcare professionals.
- 13. Ensure helmets are approved and fit properly to help prevent head injuries.

- 14. Work with the School Nurse to collect and track new physical dates.
- 15. Work with the School Nurse to help complete the required Massachusetts DPH Year-End Reporting Form for Schools 105 CMR 201.000.

Section XI - Athletic Director Responsibility

- 1. Complete the annual educational training on concussions.
- 2. Work with the Athletic Trainer to provide and maintain records that all yearly educational trainings for parents, student-athletes, coaches, and volunteers are complete.
- 3. Ensure all student-athletes meet the physical exam requirements consistent with 105 CMR 200.000 prior to participation in extracurricular athletics.
- 4. Ensure all student-athletes participating in extracurricular athletics have completed and submitted the necessary pre-participation forms as required by the school health office and athletics office.
- 5. Ensure that all student-athletes are prohibited from engaging in any unreasonably dangerous athletic techniques that endanger the health or safety of an athlete, including a helmet or any other sports equipment as a weapon.
- 6. Assist the School Nurse and Athletic Trainer in completing the required Massachusetts DPH Year-End Reporting Form for Schools 105 CMR 201.000.

Section XII - School Nurse Responsibility

- 1. Complete the annual educational training on concussions.
- 2. Review pre-participation forms with the Athletic Trainer and follow up with parents as needed to the student's participation in extracurricular athletic activities.
- 3. Assist in testing all Pope Francis High School student-athletes with Baseline and Post-Injury neurocognitive testing.
- 4. Assist Athletic Trainer in maintaining pre-participation forms and head injury report forms.

- 5. Assist Athletic Trainer with daily reporting of symptoms by student-athletes with a diagnosed concussion.
- 6. Participate in the gradual re-entry planning with the Athletic Trainer, Guidance Counselors, and PE teachers for students who have been diagnosed with a concussion to discuss any necessary academic accommodations.
- 7. Monitor students recovering from a concussion and collaborate with teachers and Athletic Trainer to ensure a graduated re-entry plan for return to full academics and extracurricular athletics is being followed.
- 8. Educate parents, students, and staff about the effects of concussions and returning to school and extracurricular athletic activities.
- 9. Complete the required Massachusetts DPH Year-End Reporting Form for Schools 105 CMR 201.000.

Section XIII - School Responsibility

- 1. Review and revise the concussion policy per regulation or every 2 years.
- 2. When requested assist in developing a plan to provide communication and educational materials to parents with limited English proficiency.
- 3. Help to closely observe student-athletes recovering from a concussion for Post-Concussion Syndrome and its symptoms.
- 4. Maintain copies of Accident Report Forms and Head Injury Report Forms
- 5. Assist School Nurse and Athletic Trainer to ensure ongoing, school-wide concussion education for the prevention and treatment of concussions.

Section XIV - Documentation and Record Maintenance

The school shall maintain concussion records for a minimum of three years. Consistent
with applicable state and federal law, records will include:
Pre-Participation Head Injury Reporting Forms
Concussion Regulations and Education Forms
Acknowledgement of Understanding of the Athletic Handbook and Pope Francis
Concussion Policy and Participation Consent Forms
☐ Report of Head Injury Forms

Medical Clearance and Authorization Forms
Re-entry Plans for return to full academic and extracurricular athletic activities
Verification of completed annual training and receipt of materials

Section XV - Post-Concussion Syndrome

Post-Concussion Syndrome is an ill-defined and poorly understood condition that occurs after a concussion. Individuals who receive a concussion can have weeks to months of symptoms before neurocognitive function returns to normal. Parents and school personnel must listen to and closely observe all student-athletes for Post-Concussion Syndrome and its symptoms. Notify the School Nurse or Athletic Trainer if you suspect a student-athlete is suffering from Post-Concussion Syndrome. Student-athletes still suffering from concussion symptoms are not ready to return to play. Symptoms of Post-Concussion Syndrome may include:

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 XVI - Second Impact Syndrome

Second Impact Syndrome is a serious medical emergency resulting from a student-athlete returning to play and competition too soon following a concussion. The repeat injury, (even mild), while still symptomatic, can result in rapid and massive brain swelling, pressure, and bleeding. The athlete's condition will worsen rapidly, leading to loss of consciousness, coma, and respiratory failure. This condition can lead to permanent brain damage or death. The best way to handle Second Impact Syndrome is to prevent it from occurring.

Section XVII - Concussion Education

The National Federation of State High School Associations (NFHS) offers a "Concussions in Sport" educational course which must be completed by the Athletic Director, Athletic Trainer, School Nurse, and all coaches. Teachers and Guidance Counselors can also elect to take this educational concussion course. All parents and student-athletes are also required to complete concussion education training and provide verification through the *Pope Francis High School Athletics Concussion Regulations and Education* form. (Appendix E) We also offer and provide concussion education upon request. Everyone should be aware of the potential dangers of a concussion and know how to RECOGNIZE a concussion, when to REMOVE athlete from activity, and to REFER the athlete for medical evaluation. Whenever anyone has a doubt about a student-athlete with a head injury sit them out and have them see an appropriate healthcare provider. WHEN IN DOUBT, SIT THEM OUT.

APPENDIX A

Online Concussion Vital Signs Testing Instructions

Remember: This is not an IQ Test. You cannot fail. It is important to give your best effort, so the test results are valid. A valid test is required before the start of athletic participation.

The evaluation consists of 7 tests. It will take about 30 minutes. PLEASE TAKE YOUR TIME AND READ ALL DIRECTIONS CAREFULLY.

- 1. Turn off all phones and electronic devices.
- 2. Make sure there are no distractions.
- 3. Log onto http://www.concussionvitalsigns.com
- 4. Click on "Athlete Testing"
- 5. Username: Pope Francis High School
- 6. Password: cardinal
- 7. Your athlete ID is your first and last name followed by your date of birth (NO SPACES). Example: If John Smith was born on January 1st 1990 his Athlete ID would be Johnsmith010190
- 8. Follow Directions

ON THE FIRST SCREEN

- 1. Confirm Athlete ID
- 2. Assessment Type Click the circle for "Baseline"
- 3. Assessments check the boxes for <u>Concussion Vital Signs</u> AND <u>Athlete Information</u> and <u>Medical History</u>
- 4. Start Test

*****When finished with test, or if you have any questions, please send confirmation email to Athletic Trainer Annie Lasek at anne.lasek@gmail.com
Thank you!

APPENDIX B

Pope Francis High School Athletics Post-Concussion Gradual Return to Play Protocol

Athlete Name:		Sport:		Grade:
	Te	st Completion Dat	es	
Day 1	 Day 2	 Day 3	 Day 4	 Day 5
The athlete above has concussive sympton	-	Day Gradual Return to	o Play Protocol witho	out recurrence of
Certified Athl	etic Trainer Signatu	re	D:	ate

Gradual Return to Play Protocol

Return to play should occur in gradual steps beginning with light aerobic exercise only in order to increase your heart rate (e.g. stationary cycling): moving to increasing your heart rate with movement (e.g. running): then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the following day. If your symptoms return, inform your Athletic Trainer and return to the first level and restart the program

Day 1: Low level of physical activity such as: walking, light jogging, light stationary biking, light weightlifting (low weight, moderate reps, no bench or squats).

Day 2: Moderate levels of physical activity with head/body movement: moderate jogging, brief running, moderate intensity on stationary bike, moderate intensity weightlifting (reduce time and/or reduce weight from your typical routine).

Day 3: Heavy non-contact physical activity: sprinting, high intensity stationary biking, completing regular weightlifting routine, non-contact sports-specific drills (agility with 3 planes of movement).

Day 4: Full Contact in controlled drills or practice.

APPENDIX C



The Commonwealth of Massachusetts Executive Office of Health and Human Services

Executive Office of Health and Human Services

Department of Public Health

POST SPORTS-RELATED HEAD INJURY MEDICAL CLEARANCE AND AUTHORIZATION FORM

The student must be completely symptom free at rest, during exertion, and with cognitive activity prior to returning to full participation in extracurricular athletic activities. Do not complete this form until a graduated return to play plan has been completed and the student is found to be symptom free at rest, during exertion and with cognitive activity.

Student's Name	1	Sex	Date of Birth	Grade
Date of injury:	Nature and extent of inju	ary:		1
Symptoms following injury (check all the	nat anniv):			
	11.27		D1:1//	20.2
☐ Nausea or vomiting	☐ Headaches		☐ Light/noise s	sensitivity
☐ Dizziness/balance problems	☐ Double/blurry vision		☐ Fatigue	
☐ Feeling sluggish/"in a fog"	☐ Change in sleep patter	ns	☐ Memory pro	blems
☐ Difficulty concentrating	☐ Irritability/emotional ups	and downs	☐ Sad or witho	Irawn
□ Other				
Duration of Symptom(s): If concussion diagnosed, date student	_			
Prior concussions (number, approxima	ite dates):			
I HEREBY AUTHORIZE THE ABOVE	NAMED STUDENT FOR RET	URN TO EXTRA	CURRICULAR AT	HLETIC
ACTIVITY				
Practitioner signature:		Date	<u> </u>	_
Print Name:				
□ Physician □ Licensed Athletic	Trainer Nurse Practitioner	□ Neuropsyd	hologist 🗆 Phys	sician Assistant
License Number:	_			
Address: Phone number:				
Name of Physician providing consultation/coordination/supervision (if not person completing this form; please print):				
printy.				
I ATTEST THAT I HAVE RECEIVED O AND MANAGEMENT APPROVED BY EQUIVALENT TRAINING AS PART O	THE DEPARTMENT OF PUB	BLIC HEALTH* (R HAVE RECEIVE	
Practitioner's initials:				
Type of Training: ☐ CDC on-line clinician training ☐ Other MDPH approved Clinical Training ☐ Other				
(Describe)				
* MDPH approved Clinical Training options can This form is not complete without the practition				

APPENDIX D



CHARLES D. BAKER

KARYN E. POLITO Lieutenant Governor

MARYLOU SUDDERS Secretary

MONICA BHAREL, MD, MPH

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

250 Washington Street, Boston, MA 02108-4619

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student' plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone
Has student ever experienced a traumatic head inj	jury (a blow to the hea	d)? Yes	No
If yes, when? Dates (month/year):			
Has student ever received medical attention for a	head injury? Yes	No	
If yes, when? Dates (month/year):			
If yes, please describe the circumstances:			
Was student diagnosed with a concussion? Yes_	No		
If yes, when? Dates (month/year):			
Duration of Symptoms (such as headache, difficulty of	oncentrating, fatigue) fo	r most recent concust	sion:
Parent/Guardian: Name: (Please print)	Signature/Date _		
Student Athlete: Signature/Date			

APPENDIX E

Pope Francis High School Athletics Concussion Regulations and Education

This form should be completed by the student-athlete and his or her parent(s) or legal guardian(s). It must be submitted to the Athletic Director, Athletic Trainer, or School Nurse prior to the start of athletic participation each year.

Student Name	Sex	DOB	Grade
Sport	Email		Telephone
Home Address			
In June 2011, the state pass student-athletes to be awar boxes below and signing thi Concussions in sports are veconjunction with other schosuffer a head injury as a reschecked below.	re of the signs and symp s form, you attest to the ery serious and the Popo ool personnel, will be wo	otoms of concussions e fact that you have ve e Francis High School orking hard to monite	. By checking one of the viewed these links. Athletic Department, in or student-athletes who
	•	ssion-in-sports - You	can order a free course
 Student-Athlete Name (Prin	t) Signatu	ıre	Date
Parent/Guardian Name (Pri	nt) Signatı	ure	 Date

APPENDIX F

The following must be returned to the athletic director prior to the start of athletic participation:

I have read the Athletic Handbook, and I am familiar with the MIAA, PVIAC and Pope Francis polici and procedures outlined herein. I have read the Pope Francis Concussion Policy and Return-to-Play protocol, and I understand the policy and protocol. I agree to abide by the policies and protocols as se forth here, as well as the policies, rules and procedures given in the student handbook.						
Parent/Guardian:	Date:					
Athlete:						
RISK ACKNOWLEDGEMENT AND Name:						
participating in athletics can be dange engages in athletic activity. Due to the involve, and may include, without lim resulting in permanent paralysis, brain I knowingly assume responsibility for	academic year. I understand that rous and that there are genuine and serious risks to anyone who e nature of sports and physical activity, I understand that the risks uitation, a full range of injuries including catastrophic injury in injury or death. It any and all such risks and any and all such injuries. In furtherance ticipate in this sport and accept this risk as a condition of my					
My signature below indicates that I ha	ave read this entire document and understand it completely.					
Date	Athlete's Signature					
Date	Parent/Guardian's Signature					

APPENDIX G



CHARLES D. BAKER Governor

KARYN E. POLITO Lieutenant Governor

MARYLOU SUDDERS Secretary

MONICA BHAREL, MD, MPH Commissioner

REPORT OF HEAD INJURY DURIN SPORTS SEASON

REPORT OF HEAD INJURY DURING

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a possible concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Stude	ent's Name	Sex	Date of Birti	1	Grade
Scho	ol		Sport(s)		
lom	e Address			Telephon	е
	Date of injury:				
	Did the incident take place during an extrac	curricular activity?	Yes	No	
	If so, where did the incident take place? _				
	Please describe nature and extent of injurie	es to student:			
	For Parents/Guardians:				
	Did the student receive medical attention? If yes, was a concussion diagnosed? yes_				
	I HEREBY STATE THAT TO THE BEST OF N	IN KNOW! EDGE NV A	NewEbe TO	TUE ADOL	/E OTIESTIONS
	ARE COMPLETE AND CORRECT.	IT KNOWLEDGE, MT A			IE QUESTIONS
	Please circle one: Coach or Marching Band D	irector	Parent/Gu	ardian	
	Name of Person Completing Form (please prin	t):			
	Signature		Dat	e	

APPENDIX H

		٠.	C1 11 .
Post-Concu	iccinn ʻ	symptom	(hecklist
COL GOILCE		Jylliptolli	OH COMIS



Name:	Sport:	Date:
Instructions: Please circle how muc	h each of the following symptoms have bo	othered you today.

Symptoms	None	M	ild	Mod	erate	Sev	ere
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Nausea/Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision/Seeing Double	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to Bright Light	0	1	2	3	4	5	6
Sensitivity to Loud Noise	0	1	2	3	4	5	6
Feeling Slowed Down/In Slow Motion	0	1	2	3	4	5	6
Feel Like You're in a Fog	0	1	2	3	4	5	6
Don't Feel Right	0	1	2	3	4	5	6
Difficulty Concentrating	0	1	2	3	4	5	6
Difficulty Remembering	0	1	2	3	4	5	6
Tired/Low Energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Sleepy/Drowsy	0	1	2	3	4	5	6
More Emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous/Anxious	0	1	2	3	4	5	6
Trouble Sleep Last Night?		Υe	es			No	

 Pulse:
 BP:
 Breathing Rate:
 PEARL:

FORM A

APPENDIX I

STANDARDIZED ASSESSMENT OF CONCUSSION - ER VERSION INTRODUCTION: I am going to ask you some questions. Please listen carefully and give your best effort. ORIENTATION What Month is it? 0 What's the Date today? 0 1 What's the Day of Week? 0 1 What Year is it? 0 What Time is it right now? (within 1 hr.) 0 1 Award 1 point for each correct answer. **ORIENTATION TOTAL SCORE**

IMMEDIATE MEMORY

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.

List	TRIAL 1	TRIAL 2	TRIAL 3
FINGER	0 1	0 1	0 1
PENNY	0 1	0 1	0 1
BLANKET	0 1	0 1	0 1
LEMON	0 1	0 1	0 1
INSECT	0 1	0 1	0 1
TOTAL			

Trials 2 & 3: I am going to repeat that list again. Repeat back as many words as you can remember in any order, even if you said the word before.

Complete all 3 trials regardless of score on trial 1 & 2, 1 pt. for each correct response. Total score equals sum across all 3 trials. Do not inform the subject that delayed recall will be tested

IMMEDIATE MEMORY TOTAL SCORE



GRADED SYMPTOM CHECKLIST:

Tell me if you are currently experiencing or have experienced any of the following symptoms since you were injured. If so, rate the symptom as mild, moderate, or severe. Circle response for each item.

SYMPTOM		SEVERITY			
	NONE	MILD	MODERATE SEVERE		
Headache	0	1	2	3	
Nausea	0	1	2	3	
Vomiting	0	1	2	3	
Dizziness	0	1	2	3	
Poor balance	0	1	2	3	
Blurred/Dbl vision	0	1	2	3	
Sensitivity to light	0	1	2	3	
Sensitivity to noise	0	1	2	3	
Ringing in ears	0	1	2	3	
Poor concentration	0	1	2	3	
Memory problems	0	1	2	3	
Not feeling "sharp"	0	1	2	3	
Fatigue/sluggish	0	1	2	3	
Sadness/depression	0	1	2	3	
Irritability	0	1	2	3	

NEUROLOGIC SCREENING		NESS.
Post-Traumatic Amnesia? Poor recall of events after injury	☐ No Length:	Yes
RETROGRADE AMNESIA? Poor recall of events before injury	☐ No Length:	☐ Yes
	NORMAL	ABNORM AL
STRENGTH - Right Upper Extremity Right Lower Extremity Left Upper Extremity Left Lower Extremity		
SENSATION - examples: FINGER-TO-NOSE/ROMBERG		
COORDINATION - examples: TANDEM WALK/ FINGER-NOSE-FINGER		

CONCENTRATION

Digits Backward: I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

If correct, go to next string length. If incorrect, read trial 2. 1 pt. possible for each string length. Stop after incorrect on both trials.

4-9-3	6-2-9	0	1
3-8-1-4	3-2-7-9	0	1
6-2-9-7-1	1-5-2-8-6	0	1
7-1-8-4-6-2	5-3-9-1-4-8	0	1

Months in Reverse Order: Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November...Go ahead. 1 pt. for entire sequence correct.

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan		
CONCENTRATION TOTAL SCORE		

DELAYED RECALL

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order. Circle each word correctly recalled. Total score equals number of words recalled.

FINGER PENNY	BLANKET	LEMON	INSECT
DELAYED RECALL	TOTAL SC	ORE 🗪	
SAC Scoring Su	JMMARY	STORY.	
Symptom Index & Neurole examination, but not income			
ORIENTATION			/5
IMMEDIATE MEMO	RY		/ 15

ORIENTATION	/ 5
IMMEDIATE MEMORY	/ 15
CONCENTRATION	/ 5
DELAYED RECALL	/ 5
SAC TOTAL SCORE	/20

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APPENDIX J













Sport Concussion Assessment Tool - 3rd Edition

For use by medical professionals only

Name

Date/Time of Injury: Date of Assessment: Examiner

What is the SCAT3?1

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original can be used in athletes aged from 13 years and older. inal SCAT and the SCAT2 published in 2005 and 2009, respectively. For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool¹. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form re-

quires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal"

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of **any one or more** of the

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and should not be permitted to return to sport the same day if a concussion is suspected

Any loss of consciousness?	Y	N
"If so, how long?"		
Balance or motor incoordination (stumbles, slow/laboured movements, etc.)?	Y	N
Disorientation or confusion (inability to respond appropriately to questions)?	Y	N
Loss of memory:	Y	N
"If so, how long?"		
"Before or after the injury?"		
Blank or vacant look:	Y	N
Visible facial injury in combination with any of the above:	Y	N

Best eye response (E)		
No eye opening	1	
Eye opening in response to pain	2	
Eye opening to speech	3	
Eyes opening spontaneously	4	
Best verbal response (V)		
No verbal response	1	
Incomprehensible sounds	2	
Inappropriate words	3	
Confused	4	
Oriented	5	
Best motor response (M)		
No motor response	1	
Extension to pain	2	
Abnormal flexion to pain	3	
Flexion/Withdrawal to pain	4	
Localizes to pain	5	
Obeys commands	6	
Glasgow Coma score (E + V + M)	of 15	

Maddocks Score ³		
"I am going to ask you a few questions, please listen careful	y and give your best	effort."
Modified Maddocks questions (1 point for each correct answer)		
At what venue are we at today?	0	1
Which half is it now?	0	10
Who scored last in this match?	0	1
What team did you play last week/game?	0	- 2 1 %
Did your team win the last game?	0	1
Maddocks score		of

Notes: 7	viechanism of I	njury ("tell me wha	t happened 7)		
Any at	thlete with	a suspected	concussion s	hould be REN	MOVE
				d for deterio	
				drive a motor	
				nal. No athlet	
			e returned to	sports partici	patio
on the	day of Injury	4.			

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APPENDIX J

