

ADMINISTRATIVE PROCEDURE/POLICY
12-5
METHUEN PUBLIC SCHOOL
SPORTS RELATED CONCUSSION MANAGEMENT POLICY

Medical management of sports-related concussion is evolving. In recent years, there has been a significant amount of research and expert consensus-gathering concerning sports-related concussion in student-athletes. This policy outlines procedures for staff to follow managing concussions, and outlines Methuen Public Schools' policy as it pertains to return to academic and athletic issues after concussion. This policy based on current research, best practice, M.G.L. c. 111, § 222, and 105 C.M.R. 201.000. The policy attempts to provide guidance and structure to ensure safe participation in sports.

The Methuen Public Schools seeks to provide a safe return to academics and activities for all students after injury, particularly after a concussion. In order to effectively and consistently manage these injuries, this policy has been developed to aid in ensuring that concussed students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, and are fully recovered prior to returning to activity. Finally, we state that parental commitment in monitoring the status of the students at home is a critical component to the successful implementation of this policy.

This policy should be reviewed on a yearly basis by the school medical and athletic staff and must, at a minimum, be reviewed every two years. Additionally, the middle school and high school student handbooks will contain information on how to access this policy.

Methuen Public Schools Concussion Policy

I. Policy Statement:

This statement provides the policy and procedures necessary for the prevention, training, management and return to activity decisions regarding students who incur head injuries while involved in extracurricular athletic activities in order to protect their health and safety.

- A. Methuen Public Schools shall have policies and procedures governing the prevention and management of sports-related head injuries. The School Committee, consulting with the Board of Health where appropriate, has adopted this policy and procedure to govern the prevention and management of sports-related head injuries within the school district. This policy was developed and proposed by a team that includes a school administrator, a school nurse, the athletic director, a certified athletic trainer, a guidance counselor and a teacher in consultation with any existing school health/wellness advisory committee. This policy and procedure specifically addresses sports-related head injuries occurring in extracurricular athletic activities but may be applied to all head injuries in students. Review and revision of such policies and procedures shall occur as needed, but at least every two years.
- B. Policy: The person overseeing the policy for Methuen High School will be the Director of Athletics, Matt Curran.
- C. The Athletic Director, Director of Fine Arts, Director of Nurses, Director of Guidance, a member of the administrative team, certified athletic trainer, and a teacher in consultation with our existing health/wellness advisory committee shall participate in biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within Methuen High School.
- D. The Athletic Director will provide the Department of Public Health an affirmation on school district letterhead, that it has developed these policies in accordance with 105 C.M.R. 201.00 by:
 - a. January 1, 2012;
 - b. September 30, 2013; and
 - c. Every two years thereafter upon review or revision of the policy.

II. Head Injury Policy Development Team

Superintendent – Dr. Brandi Kwong

K-12 School Administrators

School Nurse – Patricia Comeau

Athletic Director – Matt Curran

Certified Athletic Trainer/Teacher – Al Delano

Guidance Counselor – John Crocker

III. Concussion Overview:

- A. A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness to suffer a concussion. A concussion may cause an immediate and typically short-lived impairment of neurologic function. A concussion may cause neuropathologic changes; however, the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury. A concussion may cause a gradient of clinical syndromes that may or may not involve the loss of consciousness (LOC). Resolution of the clinical and cognitive symptoms typically follow a sequential course.

- B. Second impact Syndrome: A rare phenomenon of diffuse brain swelling with delayed catastrophic deterioration has been labeled “second impact syndrome” due to the belief held by some that it occurs as the result of a second concussion before the effects of the initial concussion have been resolved. While rare, it is catastrophic and a major concern.

- C. Definition of “Extracurricular Athletic Activity”: As defined by the State of Massachusetts law 105 CMR 201.000 Head Injuries and Concussions in Extracurricular Athletic Activities means an organized school sponsored athletic activity generally occurring outside of school instructional hours under the direction of a coach, athletic director or band leader including but not limited to Alpine and Nordic skiing and snowboarding, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, horseback riding, ice hockey, lacrosse, marching band, rifle, rugby, soccer, skating, softball, squash, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be extracurricular athletic activities.

- D. “Parent” means the parent or guardian or foster parent of a student.

IV. Training:

- A. The following persons shall annually complete one of the head injury safety training programs approved by the Department of Public Health:
 - All coaches;
 - Certified Athletic Trainers;
 - Trainers;
 - Volunteers;
 - School and team physicians;
 - School nurses;

- Athletic Directors;
- Directors Responsible for a school marching band;
- Parents of a Student who participates in an extracurricular activity; and
- Students who participate in an extracurricular activity.

The required training applies to the above individuals for one school year and must be repeated for every subsequent school year.

B. In accordance with this requirement of training in the prevention and recognition of a sports-related head injury, and associated health risks including second impact syndrome, each school district employee or volunteer identified above, will complete the following training online: <http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>.

C. Additionally, game officials shall also complete one of the training programs offered by the Department of Public Health annually, and shall provide independent verification of completion of the training request upon request from a school or school district.

D. Annually, on or after July 1st of each school year, the persons identified above must supply a certificate of completion to the high school athletic director for relevant high school personnel and to the appropriate lower school principal for grades six (6) through eight (8) for relevant middle school personnel.

E. Concussion Education for Student-Athlete's and Parents/Guardians:

1. Each year, student athletes shall be presented with a discussion about concussion at either an athletes' sports night, team discussion or through paperwork requirements and given a copy of the Center for Disease Control's (CDC) "Heads Up: Concussion in High School Sports – A Fact Sheet for Athletes" (www.cdc.gov/concussion). This handout will also be available in the athletic training room and nurse's office at school.

2. At the beginning of each sports season, parent shall be presented with a copy of the CDC's "Heads Up: Concussion in High School Sports – A Fact Sheet for Parents" (www.cdc.gov/concussion) at a parents sports night or through paperwork requirements. This handout will also be available in the athletic training room and the nurse's office at the school.

3. All student-athletes and their parents will sign a statement in which the student-athlete accepts the responsibility for reporting head injuries or concussions during the season to the athletic trainer, coach if the athletic trainer is not present, parents or other health care personnel including signs and symptoms of concussion. This statement will also

acknowledge having received, read and understand the above mentioned educational handouts.

4. All student athletes and the parent of student athletes shall be required to participate in the above education prior to their participation in any sport.

V. **Pre-participation requirements**

- A. Parent and student must participate in the concussion education described above annually.

B. Physical Examination:

1. All students must meet the physical examination requirements consistent with 105 CMR 200.000: *Physical Examination of School Children* prior to participation in any extracurricular athletic activity. Physical examinations should be turned into the high school nurses for entry into the medical records. At the high school level all students shall have an approved physical in place before they may try out for, practice, or participate with any interscholastic athletic team. The head nurse's office shall keep a master list of students with approved physical exams. High school coaches must check the approved physical list before a student may try out for, practice, or participate with any interscholastic team.

C. Pre-Participation Form:

1. Parents of students turn in pre-participation form that lists the athlete's history of head injuries/concussions prior to participation each sport to the athletic director with parental permission forms. This needs to be done before the start of each sport season in which the student is seeking to participate.
2. This form will be turned over to the high school or middle school nurse for any positive head injury/concussion for their review.
3. All forms or copies are turned over to the high school or middle school nurses for insertion into the medical records, per regulations; these will be kept for three years.

VI. **Responsibilities of Individual Personnel**

Maintenance of Records:

1. The Director of Athletics, Director of Nurses, and Director of Fine Arts shall maintain the following records for three years or, at a minimum, until the student graduates:

- a. Verifications of completion of annual training;
 - b. Pre-participation Forms;
 - c. Report of Head Injury Forms;
 - d. Medical Clearance and Authorization Forms; and
 - e. Graduated reentry plans for return to full academic and extracurricular athletic activities.
- A. **The Director of Athletics** will be responsible for ensuring that the training requirements for staff, parents, volunteers, coaches and students are met, recorded, and records are maintained in accord with 105 CMR 201.016 as it pertains to extracurricular activities.

The Director of Athletics shall also be responsible for:

1. Ensuring that all students meet the physical examination requirements consistent with 105 C.M.R. 200.000;
 2. Ensuring that all students participating in extracurricular athletic activities have completed and submitted Pre-participation Forms prior to participation each season;
 3. Ensuring that the student Pre-participation Forms are completed and reviewed and shall make arrangements for:
 - a. Timely review of all Pre-participation and Report of Head Injury Forms by coaches so as to identify students who are at greater risk of repeated head injuries;
 - b. Timely review of all Pre-participation Forms which indicate a history of head injury and Report of Head Injury Forms by (i) the school nurse; and (ii) the school physician, if appropriate; and
 - c. Timely review of accurate, updated information regarding each athlete who has reported a history of head injury or a head injury during the sports season by (i) the team's physician if any, and (ii) the School's certified athletic trainer if any.
 4. Ensuring that Report of Head Injury Forms are completed by the parent or coach and reviewed by the coach, school nurse, certified athletic trainer, and school physician, if any; and
 5. Ensuring that athletes are prohibited from engaging in any unreasonably dangerous technique that endangers the life or safety of an athlete, including using a helmet or any other sports equipment as a weapon.
- B. **The Director of Fine Arts** will be responsible for ensuring that the training requirements for staff, parents, volunteers, coaches and students are met, recorded, and records are maintained in accord with 105 CMR 201.016 as it pertains the marching band and for winter color guard.
- C. **The Director of Nurses** will be responsible for ensuring that the training requirements for school nurses, per-diem nurses, and the school physician are met, recorded, and records are maintained in accord with 105 CMR 201.016.; for ensuring all physical exams are entered in the students' records, for ensuring that all pre-participation forms have been entered into the students' medical record folders, for ensuring all head injury forms are entered in the students' medical record folders.

- D. Certified Athletic Trainer:** Certain concussions (e.g., mild, uncomplicated, resolving) may be managed by the athletic trainer (operating under the physician's standing orders) without referral to outside physician. When a student-athlete has seen a physician, a physician note will be required prior to the return to play clearance. Said note must come from a physician other than an emergency room physician.

The Certified Athletic Trainer, if on staff, shall be responsible for:

1. Participating in the development and biannual review of the policies and procedures for the prevention and management of sports-related injuries within the school district or school;
2. Completing the annual training requirement;
3. Reviewing information from Pre-participation Forms, which indicate a history of head injury and from Report of Head Injury Forms, to identify students who are at risk for repeated head injuries;
4. Identifying athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play; and
5. Participating, if available, in the graduated return to play planning and implementation for students who have been diagnosed with a concussion.
6. Manage and ensure all students participate in IMPACT concussion testing at least once every two years (typically freshman and junior year)

E. School Nurses:

A. The school nurse shall be responsible for:

1. Reviewing, or arranging for the school physician to review, completed Pre-participation Forms and following up with parents as needed prior to the student's participation in extracurricular activities;
2. Reviewing, or arranging for the school physician to review, Report of Head Injury Forms and following up with the coach and parent as needed;
3. Maintaining: (1) Pre-participation Forms and (2) Report of Head Injury Forms in the student's health record;
4. Participating in the graduated reentry planning for students who have been diagnosed with a concussion to discuss any necessary accommodation or modifications with respect to academics, course requirements, homework, testing, scheduling and other aspects of school activities consistent with a graduated reentry plan for return to full academic and extracurricular athletic activities is being followed.
5. Providing ongoing educational materials on head injury and concussion to teachers, staff, and students.

F. Coaches:

A. The coaches shall be responsible for:

1. Completing the annual training identified above;
2. Reviewing the Pre-participation Forms, so as to identify those athletes who are at greater risk for repeated head injuries;
3. Completing the Head Injury Form upon identification of a student with a head injury or suspected concussion that occurs during practice or competition;
4. Transmitting promptly the Pre-participation Forms and Report of Head Injury Forms to the school nurse for review and maintenance in the student's health record;
5. Teaching techniques aimed at minimizing sports-related heading injury;

6. Discouraging and prohibiting athletes 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; and
7. Identifying athletics with head injuries or suspected concussions that occur in practice or competition and removing them from play.

VII. Common Signs and Symptoms of Sports-Related Concussions Include but are not Limited to:

A. Signs (observed by others):

1. Student appears dazed or stunned
2. Confusion (about assignment, homework, plays, etc.)
3. Forgets assignments, homework, plays
4. Unsure about game, score, opponent
5. Moves clumsily (altered coordination)
6. Balance problems
7. Personality change
8. Responds slowly to questions
9. Forgets events prior to trauma
10. Forgets events after the trauma
11. Loss of consciousness (any duration)

B. Symptoms (reported by student)

1. Headache
2. Fatigue
3. Nausea or vomiting
4. Double vision, blurry vision
5. Sensitive to light or noise
6. Feels sluggish
7. Feels “foggy”
8. Problems concentrating
9. Problems remembering

- C. These signs and symptoms are indicative of probable concussion. Other causes for symptoms should also be considered. It is important to review medical history and baseline symptoms from screening/baseline.

VIII. Suspected Head Injury/Concussion

A. Exclusion from Play:

1. Disqualifying an athlete - Any extracurricular athletic activity participant who sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, while participating with any school athletic team will be removed from the remainder of the event and not allowed to return to the practice or competition that same day.
 - a. The student will not return to practice or competition before completing a graduated return to play program described below.
2. The certified athletic trainer will evaluate the participant for a concussion.
3. The student shall not return to practice or competition unless and until the student provides medical clearance and authorization, as described below.
4. Any athlete, who shows concussion signs and/or symptoms, must have their parent/guardian notified by the coach. The coach shall communicate the nature of the injury directly to the parent in person or by phone immediately after the practice or competition in which a student has been removed from play for a head injury, suspected concussion, signs and symptoms of a concussion, or loss of consciousness.
5. A post concussion care instruction sheet shall be given to the student-athlete or parent. Student-athletes should not drive if concussion is suspected. Alternative transportation should be coordinated by the injured student-athlete, parents, coaches, athletic trainer and/or athletic director.
6. The parents should be advised to contact the athlete's primary care physician, or seek care at the nearest emergency department, on the day of the injury.
7. The coach must also provide this information to the parents in writing, whether paper or electronic format, by the next business day.
8. The coach will complete the Report of Head Injury Form upon identification of a student with a head injury or suspected concussion that occurs during practice or competition;
9. The coach or his or her designee will promptly, by the end of the next business day, transmit the Report of Head Injury Forms to both the school nurse and the athletic director for review and maintenance in the student's health record;

10. The student should be released only to the direct supervision of the parent/guardian unless arrangements have been made between the certified athletic trainer/head coach and the parent/guardian; and

11. The parent/guardian will be advised to seek medical treatment for student.

B. Emergency Referral:

1. If present at the practice or competition, the certified athletic trainer will determine whether a student should be referred for emergency medical evaluation.

2. In the Absence of a certified athletic trainer:
 - a. Any student-athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded by appropriate medical personnel and transported immediately to the nearest emergency department via emergency medical vehicle.
 - b. Any student-athlete who has symptoms of a concussion, and who is not stable (i.e., condition is changing or deteriorating), is to be transported immediately to the nearest emergency department via emergency vehicle.
 - c. Any student-athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
 - i. Deterioration of neurological function
 - ii. Decreasing level of consciousness
 - iii. Decrease or irregularity in respirations
 - iv. Decrease or irregularity in pulse
 - v. Unequal, dilated, or unreactive pupils
 - vi. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - vii. Mental status changes: increasing lethargy, confusion or agitation and/or difficulty maintaining arousal
 - viii. Seizure/posturing activity
 - ix. Vomiting after sustaining a potentially concussion-causing injury.

 - d. The coach/athletic director should contact the certified athletic trainer to advise him/her of the injury.

 - e. Any student-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 day of the injury.

- f. Give parents the option of emergency transportation, even if you do not feel it is necessary.

IX. Procedures After Concussion:

- A. Returning to play on the same day of injury; a student-athlete who exhibits signs or symptoms of concussion shall not be permitted to return to play on the day of the injury.
- B. “WHEN IN DOUBT, HOLD THEM OUT.” Any student-athlete who denies symptoms but has abnormal sideline cognitive testing will be held out of the activity.
- C. Each student who is removed from practice or competition for and subsequently diagnosed with a concussion shall have a written graduated reentry plans for return to full academic and extracurricular activities. See Section X of this policy for more information regarding graduated reentry plans.
- D. Medical Clearance and Authorization to Return to Play
 - 1. Each student who is removed from practice or competition for a head injury or suspected concussion, or loses consciousness, even briefly, or exhibits signs and symptoms of a concussion, shall obtain and present to the Athletic Director, unless another person is specified in school policy or procedure, a Post Sports-Related Head Injury Medical Clearance and Authorization Form. This form must be completed by one of the following individuals:
 - a. A duly licensed physician;
 - b. A duly licensed certified athletic trainer in consultation with a licensed physician;
 - c. A duly licensed nurse practitioner in consultation with a licensed physician; or
 - d. A duly licensed neuropsychologist in coordination with the physician managing the student's recovery.
 - 1. By September of 2013, physicians, nurse practitioners, certified athletic trainers and neuropsychologists providing medical clearance for return to play shall verify that they have received Department of Health-approved training in post traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education.

2. The ultimate return to play decision is a medical decision that may involve a multidisciplinary approach, including consultation with parents, the school nurse and teachers as appropriate.
3. The Methuen Public Schools shall have the final say on return to athletic play.

X. Gradual Return to Athletics and Academics

- A. Each student who is removed from practice or competition for and subsequently diagnosed with a concussion shall have a written graduated reentry plans for return to full academic and extracurricular activities. Students must complete a graduated return to play program before returning to participation in extracurricular activities. Medical clearance for participation can only be provided after the student completes a graduated return to play and shows no recurrence of symptoms.
 1. The plan shall be developed by:
 - a. the student's teachers;
 - b. the student's guidance counselor
 - c. school nurses
 - d. certified athletic trainer;
 - e. neuropsychologist if available or involved;
 - f. parent;
 - g. members of the building based student support and assistance team or individualized education program team as appropriate; and
 - h. in consultation with the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.
 2. The written plan shall include instructions for students, parents, school personnel, addressing but not limited to:
 - a. Physical and cognitive rest as appropriate;
 - b. Graduated return to extracurricular activities and classroom studies as appropriate, including accommodations and modifications as needed;
 - c. Estimated time intervals for resumption of activities;
 - d. Frequency of assessments, as appropriate, by the school nurse, school physician, certified athletic trainer, if on staff or neuropsychologist, if available, until full return to classroom activities and extracurricular activities are authorized; and

- e. A plan for communication and coordination between and among school personnel and between the school, the parents and the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.
3. The student must be completely symptom free and medically cleared as defined in Section IX (C) above, in order to begin a graduated reentry plan to extracurricular activities.
 4. Progression will be individualized and will be determined case by case
 5. A six step process will be generally be used to clear an athlete for return to play:
 - Step 1: Light aerobic exercise (stationary bike, elliptical)
 - Step 2: Moderate aerobic exercise (light running)
 - Step 3: Functional exercise (increased running, being agility)
 - Step 4: NON-contact practice activities.
 - Step 5: Full contact practice
 - Step 6: Full game participation
 6. All the requirements of the graduated reentry program must be met and each step must be completed in its entirety before approval from the certified athletic trainer.
 7. Stages 1 – 3 are to be supervised directly by the certified athletic trainer. Step 4 can be supervised by the team coach after he/she has received specific instructions from the certified athletic trainer.
 8. Progression through the graduated return to play steps is to be approved by the certified athletic trainer only, and not left up to the coach.
 9. The student-athlete should see the athletic trainer daily for re-assessment and instructions until he/she has progressed to unrestricted activity, stage 6. This daily monitoring should continue until the concussion has resolved regardless of whether or not the student-athlete's season has ended.
 10. Coaches should be instructed to be aware that the certified athletic trainer will be providing such guidance and should not allow the student-athlete to participate in any activities until the student has effectively completed the graduated return to play program and received medical clearance.
 11. **Note: If the student-athlete experiences post-concussion symptoms during any stage, activity should cease and until symptoms have again resolved. The school staff should communicate to the physician or health care provider who provided medical clearance that the student is not symptom free. If the athlete is still having symptoms, he or she is not ready to begin or continue the graduated return to play program.**

Gradual Return to Academics:

A graduated re-entry to academics must be met prior to re-entry to athletic competition.

**Methuen Public Schools
Athletic Department
Graduated Reentry Academic Plan**

Head Injury Restrictions

Student: _____

Date of Injury: _____

Academic restriction until _____

Students may *slowly* resume academic activity if symptom free. Please refer to the make-up policy in the Student Handbook. Students with prolonged symptoms may require a temporary 504 Plan.

Contact the nurse if you notice the following changes once academics resume:

- decrease in classroom performance
- inattention
- complaints of headache
- confusion
- personality changes

Physical Education and Athletics are restricted per Doctor's order. Students must be "symptom free" for one week before they return to Physical Education and Athletics. **A return to participation form must be completed by the student-athlete's primary care physician before the student-athlete may resume physical education and athletics.**

*****Student athletes must also be cleared by the Athletic Trainer *before* they return to competitive sports.**

Nurse: _____

Date: _____

Phone: _____

*Concussion is a brain injury that involves a complicated chemical change in the brain that takes several days to resolve. Recent research has shown that the brain needs rest during this period for optimal recovery. Resting the brain includes resting from physical activity and cognitive activity required for reading, watching television, socializing and academic work. Once symptoms begin to subside (usually within a week) the student may gradually return to physical and academic activity. Return of symptoms requires further evaluation. Please contact the nurse with questions.

Potential Accommodations/Modifications for Students with Concussion (Traumatic Brain Injury)

Visual Problems:

- Provide written information in large print
- Change fluorescent lights to high intensity, white lights
- Seat the student near a window with natural light
- Provide a glare guard for computer monitors

Physical Arrangement of a room:

- Preferential seating to optimize attention and concentration
- Avoid distracting stimuli such as ventilation or air conditioner
- Increase the distance between the desks or tables so that movement is easier

Maintaining Concentration:

- Divide large assignments into smaller tasks and steps
- Allow student to have frequent breaks
- Keep distractions to a minimum
- Give tests orally
- Give short quizzes rather than summative tests
- Simplify complex directions
- Have the student repeat directions back to the teacher
- Allow student to dictate responses to tests or quizzes
- Gain student's attention before speaking
- Provide verbal and written instructions

Organization:

- Have the student make to-do lists and check them off as they are completed
- Use a peer note taker
- Encourage the use of a daily planner
- Accompany homework with written instructions
- Have student turn all of his or her work to one place; all homework to homeroom teacher who then distributes it to others

Memory:

- Provide study guides for tests and quizzes
- Provide the student with a copy of the class notes
- Provide the student with an outline for taking notes
- Allow student to use a computer or Alphasmart to complete assignments, take notes or complete homework
- Encourage the use of highlighters
- Provide repetition of instruction
- Ask student to repeat information to confirm comprehension

- Provide visual aids
- Allow for the use of a tape recorder to record assignments and homework
- Provide word banks for test taking

Processing:

- Allow additional time for in-class assignments
- Reduce the amount of homework
- Allow more time for the student to respond (wait time)

Assistive Technology:

- Highlighting pen or tape
- Slant board
- Personal dry erase board
- Tape recorder with headphones
- Calculator with large print display and/or keypad
- Portable word processor
- Electronic dictionary/thesaurus

MCAS:

- DESE is coming up with guidelines for students who have a concussion and are participating in MCAS. It isn't published yet but should be soon. The "team" that is writing the plan should utilize the Participation Guidelines for Students with Disabilities at this time.

Section 504

Methuen High School may be responsible for developing a Section 504 Plan for a student with post-concussion symptoms. Temporary medical conditions, including concussion-related symptoms, are generally not a disability, unless it results in a substantial limitation of one or more major life activities for an extended period of time. An individual is not an individual with a disability if the impairment is transitory and minor. A transitory impairment is generally an impairment with an actual or expected duration of 6 months or less. When the school has reason to believe that a student has a concussion or brain injury that may last more than six months, the student should be referred to a Section 504 Team for a determination of eligibility under Section 504.

When district has reason to believe that the concussion-related symptoms are not temporary or transitory (as outlined above), the current 504 policy will be followed for the student. The Section 504 evaluation process may result in a Section 504 Accommodation Plan, with individual determinations made by a group of knowledgeable persons, which may include nurses, guidance, and teachers with input from the physicians and parents based on the individual symptoms of the student. Methuen Public Schools will strive to make re-entry to school a plan for success.

If a student is determined eligible for a 504 plan all of the student's teachers will have knowledge of the plan in order to allow the student a full recovery.

Methuen Public Schools
Parent Participation in Concussion Education

I, _____, the Parent of _____, a student in enrolled in Methuen Public Schools, acknowledge by signing below, that I have, prior to my child's participation in extracurricular athletic activities, either: (1) provided the school with a certificate of completion for an Department of Public Health (Department) approved training; (2) acknowledge that I have read and understand Department approved written materials that have been provided to me by Methuen Public Schools; or (3) I have attended a school-sponsored training regarding head injuries in extracurricular athletic activities at which my attendance was recorded.

Signature

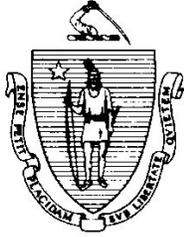
Date

Methuen Public Schools
Student Participation in Concussion Education

I, _____, a student enrolled in Methuen Public Schools, acknowledge by signing below, that I have, prior to my child's participation in extracurricular athletic activities, either: (1) provided the school with a certificate of completion for an Department of Public Health (Department) approved training; (2) acknowledge that I have read and understand Department approved written materials that have been provided to me by Methuen Public Schools; or (3) I have attended a school-sponsored training regarding head injuries in extracurricular athletic activities at which my attendance was recorded.

Signature

Date



The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health

Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities

250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

Student's Name	Sex	Date of Birth	Grade
School	Sport(s)		
Home Address			Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? 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 concentrating, fatigue*) for most recent concussion: _____

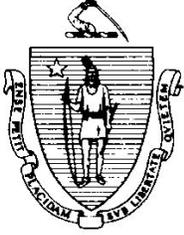
Parent/Guardian:

Name: _____ Signature/Date: _____
(Please print)

Student Athlete:

Signature/Date _____

Report of Head Injury During Sports Season



The Commonwealth of Massachusetts

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

DEVAL L. PATRICK
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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.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Did the incident take place during an extracurricular activity? ____ Yes ____ No

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? yes_____ no_____

If yes, was a concussion diagnosed? yes_____ no_____

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

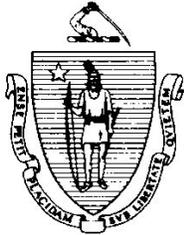
Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____



POST SPORTS-RELATED HEAD INJURY MEDICAL CLEARANCE AND AUTHORIZATION FORM

This medical clearance should be only be provided *after* a graduated return to play plan has been completed and student has been symptom free at all stages. **The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular athletic activities.**

Student's Name	Sex	Date of Birth	Grade
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Date of injury: _____

Nature and extent of injury: _____

Symptoms (check all that apply):

Nausea or vomiting

Headaches

Light/noise sensitivity

Dizziness/balance problems

Double/blurred vision

Fatigue

Feeling sluggish/"in a fog"

Change in sleep patterns

Memory problems

Difficulty concentrating

Irritability/emotional ups and downs

Sad or withdrawn

Other

Duration of Symptom(s): _____ Diagnosis: Concussion Other: _____

If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms: _____

Prior concussions (number, approximate dates): _____

Name of Physician or
Practitioner: _____

Physician

Certified Athletic Trainer

Nurse Practitioner

Neuropsychologist

Address: _____ Phone number: _____

Physician providing consultation/coordination (if not person completing this form): _____

I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO EXTRACURRICULAR ATHLETIC ACTIVITY.

Signature: _____

Date: _____

Note: This form may only be completed by: a duly licensed physician; a certified athletic trainer in consultation with a licensed physician; a duly licensed nurse practitioner in consultation with a licensed physician; a duly licensed neuropsychologist in coordination with the physician managing the student's recovery.