

HEAD INJURY MANAGEMENT PLAN

INTRODUCTION

This plan provides for the implementation of [MA 105 CMR 201.000](#), *Head Injuries and Concussions in Extracurricular Athletic Activities*, which applies to all public middle and high school students. The District's plan provides the procedures for the Mansfield Public Schools in the management of and prevention of head injuries within the District, with special emphasis on injuries that occur during extracurricular activities; it also outlines procedures for Return to Learn and Return to Play after head injury/concussion.

Students who participate in any extracurricular athletic activity managed under our Athletic Department will be required to complete the Return to Play program before returning to extracurricular athletic activity.

I. DEFINITIONS AND OVERVIEW

Extracurricular athletic activity 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.

Coach means an employee or volunteer responsible for organizing and supervising students participating in extracurricular activities. The term will refer to head coaches, assistant coaches, and coaches of marching band and color guard.

Concussion means a complex disturbance in brain function, due to direct or indirect trauma to the head, related to neurometabolic dysfunction, rather than structural injury. It can be caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Concussions can also result from a fall or from players colliding with each other or obstacles on the playing field. Contrary to previously thought, an athlete does not have to be knocked unconscious in order to sustain a concussion. A concussion – also known as a traumatic mild brain injury – changes how the cells in the brain normally

Second-impact syndrome means a potentially lethal condition that can occur when a person sustains a head injury prior to complete healing of a previous brain injury, causing dysregulation of cerebral blood flow with subsequent vascular engorgement.

Post-Concussive Syndrome (PCS) is the persistence of concussion symptoms beyond the normal course of recovery. The majority of concussion symptoms will resolve within about two weeks, and with proper recovery almost all dissipate within a month. In cases where symptoms last longer than one or two months, doctors may diagnose Post-Concussion Syndrome.

Concussions may affect a student's ability to learn. Because every brain and every student is different, every concussion is different. Recovery time will be unique to each student, requiring an individualized approach to determine when it is appropriate to begin to return to athletic activity and regular classes. Some students may not miss any school and may need accommodations no greater than for someone who has suffered a minor illness. Others may have months of enduring symptoms that can significantly affect academic performance and overall ability to function. Mental and physical rest are essential to concussion

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recovery. If not properly managed from the time of initial injury, recovery time can be extended and the student may be exposed to increased risk of further injury and also adversely affect the student's academic progress. Therefore, it is essential to have a concussion education plan in place to help concussed students heal while continuing their education.

Students who experience any of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be kept evaluated by a healthcare professional. It is important to note that some students may not experience and/or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. For some people, however, signs and symptoms of a concussion can last for days, weeks, or longer.

Signs and Symptoms of Concussion			
Physical	Sleep	Cognitive	Mood Disruption
<ul style="list-style-type: none"> ● Nausea ● Vomiting ● Imbalance ● Slowed Reaction Time ● Dizziness ● Sensitivity to Light ● Sensitivity to Sound ● Fuzzy or Blurry Vision 	<ul style="list-style-type: none"> ● Drowsiness or Fatigue ● Trouble Falling Asleep ● Trouble Maintaining Sleep 	<ul style="list-style-type: none"> ● Difficulty Remembering ● Confusion ● Feeling Mentally Foggy ● Feeling Slowed Down ● Decreased Attention ● Decreased Retention ● Distractibility ● Amnesia 	<ul style="list-style-type: none"> ● Irritable ● Sad ● Nervous ● Anxious ● Depressed

Potential Signs Observed by Parents, Teachers, Coaches, Athletic Trainers, or Others:	Potential Symptoms Reported by Student:
<ul style="list-style-type: none"> ● Appears dazed or stunned ● Is confused about assignment or position ● Forgets instruction ● Moves clumsy ● Answers questions slowly ● Loses consciousness (even briefly) ● Shows mood, behavior, or personality changes ● Cannot recall events prior to injury ● Cannot recall events after injury 	<ul style="list-style-type: none"> ● Headache or “pressure” in head ● Nausea or vomiting ● Balance problems or dizziness ● Double or blurry vision ● Sensitivity to light ● Sensitivity to noise ● Feeling sluggish, hazy, foggy, or groggy ● Concentration or memory problems ● Confusion ● Does not “feel right” or is “feeling down”

Source: adapted from Pardini et al., 2004.

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II. PERSONS RESPONSIBLE FOR IMPLEMENTATION OF SCHOOL POLICY AND PROCEDURES

The Mansfield Public Schools has designated its Athletic Director to oversee the implementation of policies and protocols governing the prevention and management of extracurricular athletics-related head injuries. In addition, the AD will be responsible for:

- Supporting and enforcing the protocols, documentation, required training and reporting;
- Assuring that all documentation is in place;
- Reviewing, updating, and implementing policy every two years and including updates in annual training and student/parent handbooks with input from Administration, Director of Health Services, Athletic Trainer, School Nurse, and collaboration from appropriate consulting physicians.

The Head Injury Management Policy will be referred to in student handbooks with instruction on how to obtain the complete policy.

III. ANNUAL TRAINING REQUIREMENT

Mansfield Public Schools along with the Commonwealth of Massachusetts requires that the following persons receive DPH-approved annual training in sports-related concussion: coaches, certified athletic trainers, volunteers, school and team physicians, school nurses, director of athletics, director of music, director of health services, parents/guardians of a student who participates in an extracurricular athletic activity; and students who participate in an extracurricular athletic activity.

Documentation of such training will be provided to the appropriate director for maintenance in a central file. While not required by DPH, Mansfield Public School also offers this training to guidance counselors, physical education teachers, and other school personnel as needed.

All students who plan to participate in defined extracurricular athletic activities and their parents/guardians will satisfy training requirements by completing the approved training regarding head injuries and concussions and will be signed by both student and parent/guardian through the appropriate registration form. Training materials for parents and students consist of the [“Heads Up Concussion Fact Sheets for Parents”](#) and the [“Heads Up Concussion Fact Sheet for Athletes”](#).

These MDPH-Approved Online Training Courses are available for Mansfield Public Schools staff free of charge:

- Centers for Disease Control and Prevention: Heads Up Concussion In Youth Sports Online Training Program: [Coaches](#), [Nurses](#), [Teachers](#)
- National Federation of State High School Associations Concussion in Sports - What you Need to Know: [Coaches](#)

Training is also posted on the [Mansfield Public Schools Health Services](#) page.

Verification of completion of the annual training (either the certificate of completion from the online courses or a signed verification that written materials have been read and understood) will be kept on file by the following Department Heads:

- Director of Athletics: all members of the athletic staff, volunteers at any extracurricular athletic activity, all students, and parents/guardians of children who participate in any extracurricular

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athletic activity managed under this department

- Director of Health Services: all school nurses
- Director of Music: all members of the marching band and color guard staff, volunteers at any extracurricular athletic activity, all students, and parents/guardians of children who participate in any extracurricular athletic activity managed under this department

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

IV. CONCUSSION HISTORY AND REPORT OF HEAD INJURY FORMS FOR ALL STUDENTS AS DEFINED BY MA 105 CMR 201.000

If a student sustains a head injury or concussion in any event outside of the school day or a school activity, the parent/guardian is responsible for reporting the event and documentation to the school nurse, coach, or Director of Music.

Before the start of every extracurricular season, participating students and parents/guardians will complete and submit a signed registration form which provides a comprehensive history and up-to-date information relative to concussion history; any head, face, or cervical spine injury history; and any history of co-existent concussive injuries.

The coach or certified athletic trainer will complete [Student/Athlete Injury/Incident Form](#) after the event or practice in which any student incurs a head injury that resulted in being removed from activity due to suspected concussion. The form is submitted given to the appropriate director by next school day.

Mansfield Public Schools Athletic Department will ensure that information from all forms that are required by 105 CMR 201.000 are completed and reviewed by school nurses, coaches, directors, athletic trainer, and school physician, if appropriate, so as to identify students who are at greater risk of repeated head injuries.

Mansfield Public Schools Athletic Director, Music Director, Athletic Trainer and/or the School Nurse may use a student's history of head injury or concussion as a factor to determine whether to allow the student to participate in an extracurricular athletic activity or whether to allow such participation under specific conditions or modifications. The decision to allow a player who reports a history of multiple concussions on her/his registration form should be made only after consultation with the student's physician; the sports medicine, concussion specialist, or neuropsychologist, if involved; the appropriate school staff and the parent/guardian. Current evidence indicates that youth who have suffered one or more concussions are more likely to suffer a subsequent one. Options may include switching positions, limiting contact in practices, or changing athletic activities altogether to minimize the risk of re-injury. The focus of Mansfield Public School will always be on protecting the health and safety of the student and avoiding long-term consequences that can occur from repeated concussions.

V. PHYSICAL EXAM REQUIREMENTS FOR STUDENTS WHO PARTICIPATE IN COMPETITIVE EXTRACURRICULAR ACTIVITIES MANAGED UNDER MANSFIELD HIGH SCHOOL'S ATHLETIC DEPARTMENT AS STIPULATED UNDER [105 CMR 200.000](#): [PHYSICAL EXAMINATION OF SCHOOL CHILDREN](#)

Proof of recent physical examination of student is required prior to participation in any competitive extracurricular activity (practice or scheduled event) managed under the Athletic Department. For students participating in multiple sports seasons, documentation of one physical examination each year is

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sufficient.

Student athletes will not be allowed to participate in athletic games, practices or other events until all forms, including annual exams are signed and submitted. Physical exam is required every 13 months to the day of their last exam. If a student’s physical expires during the season, the student will need to schedule an exam before expiration date.

The completed and signed copy of the legible medical clearance form should be mailed, faxed, or hand-delivered to either the school nurse or athletic office. The current exam will be kept in the student’s medical file in the health office once recorded.

VI. IMPACT/NEUROCOGNITIVE TESTING REQUIREMENTS FOR STUDENTS WHO PARTICIPATE IN COMPETITIVE EXTRACURRICULAR ACTIVITIES MANAGED UNDER MANSFIELD HIGH SCHOOL’S ATHLETIC DEPARTMENT

Athletes at Mansfield High School participating in competitive athletic sports which carry a risk of concussion are required to take a baseline ImPACT test every 2 years prior to participation in sports at MHS. Impact testing for athletes participating in remaining sports is optional. Testing times will be made available for student participating in all sports.

REQUIRED ATHLETICS:	OPTIONAL ATHLETICS:
<ul style="list-style-type: none"> ● Basketball ● Baseball ● Cheerleading ● Diving ● Field Hockey ● Football ● Gymnastics ● Ice Hockey ● Lacrosse ● Marching Band ● Soccer ● Softball ● Volleyball ● Wrestling 	<ul style="list-style-type: none"> ● Cross Country ● Golf ● Swim ● Tennis ● Track

ImPACT testing is a scientifically validated computerized neurocognitive test used to help evaluate and manage suspected concussions. ImPACT evaluates multiple aspects of neurocognitive function including memory, attention, processing speed, and reaction time.

This neurocognitive testing is managed by our Athletics and Music Departments. Tests are administered baseline and post-injury. Scores are used for comparison post-concussion to help monitor recovery. Testing results provide a tool to identify safe return to play, as well as to academic schedules.

ImPACT testing may be repeated (per MD order or Athletic trainer) as necessary. Students will be given two opportunities to produce valid test results. If a student is unable to complete testing, parents/guardians will be notified for physician acknowledgement to participate in athletics without valid

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ImPACT test results.

To clarify, baseline testing is required for all athletes participating in an activity with a risk of concussion unless there is a written opt out note from parent/guardian. Opt out note must include documentation from student's physician that baseline testing will not be completed. Athletes participating in other sports have the option of impact testing which will be recorded with the Athletic Department.

Parent/Guardian consent is necessary for release of information regarding ImPact testing to a physician. A signed medical release should be submitted to the School Nurse for testing results to be disclosed to appropriate party, such as primary care physician or neurologist.

VII. REMOVAL FROM EXTRACURRICULAR ACTIVITY

Any student, who during a practice or competition, sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, will be removed from the practice or competition immediately and may not return to the practice or competition that day. The coach should report the head injury to the athletic trainer, if available, for medical assessment and management. The coach or athletic trainer will be responsible for contacting the student's parents and providing follow-up instructions. Coaches should seek assistance from the host site athletic trainer at an away event for medical assessment and management.

- Any student who is symptomatic but stable is allowed to go home with their parent/guardian(s) following the head injury after talking with the coach or athletic trainer .
- Signs and symptoms of deteriorating brain injury that require immediate referral to an emergency room will be reviewed with parent/guardian(s) as well as return to play requirements at the school.
- In the event that the student's parents/guardians cannot be reached and the student is able to be sent home (rather than directly to a medical facility), the coach or athletic trainer should insure that the student will be with a responsible individual, who is capable of monitoring the student and understanding the home care instructions given including signs for referral to emergency room. The student will not be allowed home without this plan in place.
- Students with suspected head injuries should never be permitted to drive home.
- All symptomatic students will be instructed to follow up with their primary care provider or appropriate physician for evaluation following the injury.
- Coach or athletic trainer will fill out an Athletic Incident/Injury Form to start a paper trail for the student's care
- Coach will communicate with appropriate director by the end of the next school day that the student has been removed from practice or competition for a suspected concussion.
- Injuries should be reported to the school nurse by the appropriate director.
- Injured students will be instructed to report directly to the school nurse before school starts on the day they return to school after the injury.
- EMS will be activated if a student loses consciousness for any reason.
- EMS will be activated if a student is removed for an event and begins to develop signs and symptoms of a worsening brain injury.
- If transportation to hospital is required, coach or school employee will accompany the student and remain with the student until the parent/guardian arrives.
- It should be communicated to parents that there is ALWAYS the option of emergency transportation for evaluation even if student has not shown signs of above.

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Worsening signs and symptoms requiring immediate contact of EMS:

Concussion Emergency Treatment
Concussion Emergency Treatment Call 911 if the student: <ul style="list-style-type: none">· is vomiting repeatedly (more than once);· has unequal pupils;· is confused or agitated;· has weakness on one side of the body;· passes out or is unconscious;· is very drowsy or unable to wake up;· has neck pain after a fall;· has slurred speech;· has a seizure (CDC 2012);· any sign or symptom that is rapidly progressing or increasing in severity.

VIII. RETURN TO LEARN and RETURN TO PLAY: DEVELOPMENT AND IMPLEMENTATION OF POST-CONCUSSION GRADUATED RE-ENTRY PLANS FOR ALL STUDENTS

Any student who has a concussion or suspected concussion will be unable to return to full academic workload and extracurricular activities until they are cleared by a physician. Each student will have their own course of recovery, which may depend upon prior medical history of concussion.

Students diagnosed with a concussion will have a written graduated reentry plan for return to full academic and extracurricular athletic activities. These plans are initiated by the school nurse. It is imperative that the school nurse be aware of the head injury and injured student reports to health office on return to school.

The nurse will notify the student's teachers, including PE teacher, guidance counselor and administration of the head injury and of the associated reentry plan. The reentry plan which will be guided by the student with input from the student's teachers, school nurse, licensed athletic trainer, parent, and/or members of the building-based student support team or individualized education program team including the student's guidance counselor. The student guides the progression of the plan. Students need to communicate with school nurses and teachers about limitations and work together to navigate their individual concussion plan.

Plan will include instructions for students, parents, and staff addressing but not limited to:
<ul style="list-style-type: none">● Physical rest as appropriate● Unlimited access to health office● No PE or physical activity● Extra time to complete class work/assignments● Accommodations/Modifications as needed

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- Plan for testing
- Organization Support
- Plan for communication and coordination

Students will be unable to participate in PE classes until they are fully cleared by their physician. Medical clearance should state the student is fully cleared to participate in coursework including PE classes. Return to Play process is completed only if the student participates in extracurricular activities managed by the athletic trainer under contract by the Athletic Department. This process is not completed for general education students.

For students involved in activities managed under the Athletic Department, Return to Play may be initiated when student reports they are symptom free. Written medical clearance needs to be provided before a student can compete in full contact play. It is usually obtained after athletic trainer has completed Return to Play with the student. The medical provider giving medical clearance may use the [MDPH Medical Clearance Form](#), [MHS Post Head Injury Medical Clearance Form](#), or similar form. The completed forms will be kept in the student's medical record in the school health office

For students in need of concussion clearance after the school year has ended, Return to Play protocol must be completed before participation in any school-related summer athletic activities. Coordination for this must be made with the school staff and athletic trainer based on their summer availability.

Return to Play will occur gradually. Students should be monitored for symptoms and cognitive function during each stage of exertion by the athletic trainer. Students should only progress to the next level of exertion if they are asymptomatic at the current level. Athletic trainer will ensure that athlete adheres to a protocol as indicated in [MHS Return to Play Stages](#).

In a situation in which a student has been medically cleared but school staff have observed continuing symptoms, the school nurse and/or athletic trainer may need to communicate to the physician or health care provider who provided the clearance to allow for reevaluation by the health care provider. It is possible that the health care provider was not aware of the student's symptoms when the provider gave the clearance. If the student still has symptoms, the student should not return to full academic activity or participation in extracurricular activity.

IX. MEDICAL CLEARANCE FOR ALL STUDENTS

Medical clearance is a medical decision that may involve a multidisciplinary approach, including consultation with parents/guardians, the school nurse and teachers as appropriate. The student should be completely symptom free at rest and with physical (sprints, non-contact aerobic activity) and cognitive exertion (school work).

Medical Clearance must be completed by a physician or one of the individuals as authorized by [105 CMR 201.011](#).

- A duly licensed physician;
- A duly licensed athletic trainer in consultation with a licensed physician;
- A duly licensed nurse practitioner in consultation with a licensed physician;
- A duly licensed physician assistant under the supervision of a licensed physician;
- A duly licensed neuropsychologist in coordination with the physician managing the student's recovery.

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Physicians, nurse practitioners, physician assistants, licensed physician assistant, licensed athletic trainers and neuropsychologists providing medical clearance for return to play should be able to verify that they have received DPH-approved training in post traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education.

X. INDIVIDUAL RESPONSIBILITIES

ATHLETIC DIRECTOR:

The **Athletic Director**, in addition to completing annual training, will be responsible for:

- Participating in the development and biannual review of the policies and procedures required by [105 CMR 201.006](#) for the prevention and management of activity-related head injuries within the school district or school;
- Ensuring that the training requirements for staff, parents, volunteers, coaches and students are met, recorded, and maintained;
- Ensuring that all students meet the physical examination requirements consistent with 105 CMR 200.000: *Physical Examination of School Children* prior to participation in any competitive extracurricular athletic activity;
- Ensuring that all students participating in extracurricular athletic activities have completed and submitted Registration Forms prior to participation each season;
- Ensuring that students' [Student/Athlete Injury/Incident Forms](#) or [Report of Head Injury Forms](#) are completed by the parent or coach and reviewed by the coach, school nurse, and licensed athletic trainer;
- Ensuring 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;
- Reporting annual statistics to the Department.

MUSIC DIRECTOR:

The **Music Director**, in addition to completing annual training, will be responsible for:

- Participating in the development and biannual review of the policies and procedures required by [105 CMR 201.006](#) for the prevention and management of activity-related head injuries within the school district or school;
- Ensuring that the training requirements for staff, parents, volunteers, coaches and students are met, recorded, and maintained;
- Ensuring that all students participating in extracurricular activities have completed and submitted Registration Forms prior to participation each season;
- Ensuring that students' [Student/Athlete Injury/Incident Forms](#) or [Report of Head Injury Forms](#) are completed by the parent or coach and reviewed by the coach and school nurse;

COACHES

The **Coaches**, in addition to completing annual training, will be responsible for :

- Reviewing information from Registration Forms and Report of Head Injury Forms which indicate a history of head injury to identify students who are at greater risk for repeated head injuries;
- Ensuring that spaces, facilities and equipment meet or exceed recommended safety standards.
- Insisting that safety comes first and develop, teach, implement good sportsmanship at all times
- Identifying students with head injuries or suspected concussions that occur in play or practice and remove them from play;
- Completing [Student/Athlete Injury/Incident Form](#) upon identification of students with a head injury or suspected concussion that occurs during practice or competition;

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- Communicating with the parent of any student removed from practice or competition and with the athletic trainer/Athletic Director, and if appropriate, the school nurse;
- Transmitting forms to the athletic trainer or school nurse for review and maintenance in the student's health record, unless otherwise specified in school policies and procedure;
- Emphasizing to students and parents/guardians that playing with a concussion is dangerous and discouraging others from pressuring injured athletes to play;

LICENSED ATHLETIC TRAINER

The **Licensed Athletic Trainer (LAT)**, in addition to completing annual training, will be responsible for :

- Participating in the development and biannual review of the policies and procedures required by [105 CMR 201.006](#) for the prevention and management of activity-related head injuries within the school district or school;
- Reviewing information from Registration Forms and Report of Head Injury Forms from students participating in activities managed under the Athletic Department;
- Assessing the injuries during practice or play time or provide guidance to the coach if unable to personally attend to the athlete;
- Identifying students with head injuries or suspected concussions that occur in practice or competition and removing them from play;
- Communicating with the parent of any student removed from practice or competition and with the Athletic Director and school nurse;
- Completing [Student/Athlete Injury/Incident Form](#) upon identification of students with a head injury or suspected concussion that occurs during practice or competition;
- Transmitting forms to the school nurse for review and maintenance in the student's health record, unless otherwise specified in school policies and procedure;
- Referring to the student's primary care physician or to the hospital when medically appropriate;
- Re-administering ImPACT testing as needed before return to play;
- Monitoring and coordinating Return to Play Stages;
- Maintaining appropriate documentation regarding assessment and management of the injury.

SCHOOL NURSE

The **School Nurse**, in addition to completing annual training, will be responsible for:

- Participating in the development and biannual review of the policies and procedures required by [105 CMR 201.006](#) for the prevention and management of activity-related head injuries within the school district or school;
- Reviewing information from Registration Forms and Report of Head Injury Forms which indicate a history of head injury to identify students who are at greater risk for repeated head injuries;
- Reviewing, or arrange for appropriate physician to review as needed, completed Registration Forms that indicate a history of head injury and following up with parents as needed prior to the student's participation in extracurricular athletic activities;
- Maintaining medical information obtained from registrations forms;
- Maintaining Report of Head Injury Forms in the student's health records;
- Initiating reentry plan for student who has sustained a head injury or concussion;
- Notifying student's teachers, including PE teacher, guidance counselor and administration of the head injury and of the associated reentry plan;
- Forwarding ImPact test results to the primary care physician or consulting physician at the request of the parent with a signed medical release of information form ;
- Notifying athletic trainer of students managed under the Athletic Department who have sustained a concussions outside of school;

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- Providing ongoing educational materials on head injury and concussion to teachers, staff and students.

Teachers

The **Teachers** will be responsible for:

- Understanding the recovery process of concussion as it relates to the school day;
- Making accommodations to academics, course requirements, homework, testing, scheduling and other aspects of school activities consistent with a graduated reentry plan. Plans will be reassessed and updated to comply with new physician orders and to accommodate changing needs;
- Communicating with school nurse with any questions regarding student's recovery;
- Communicating with student on implementation or revision of accommodations to promote sufficient cognitive rest.

SCHOOL COUNSELOR or TEAM LIAISON:

While roles will vary with each student, the **school counselor or team liaison** will be responsible for:

- Assisting the student with organization and completion of work while student is following active re-entry plan if needed;
- Managing educational plan in conjunction with administration when a student experiences prolonged or complicated recovery.

ADMINISTRATION:

While roles will vary with each student, the **Administration** will be responsible for:

- Supporting a culture that encourages reporting and management of concussions;
- Supporting professional development regarding concussion management for staff and/or parents/students;
- Providing guidance to staff on district policies and protocols for emergency care and transport of students suspected of sustaining a concussion;
- Troubleshooting individual concussion re-entry plans;
- Managing documentation and reporting of grades while recovery is ongoing;
- Managing educational plan in conjunction with school counselor or team liaison when a student experiences prolonged or complicated recovery.

STUDENTS & PARENTS/GUARDIAN:

ALL Parent/Guardians and All Students will be responsible for:

- Understanding all symptomatic students need to be evaluated by a physician for evaluation following the injury;
- Understanding students must report directly to the school nurse before school starts on the day they return to school after the injury;
- Understanding if a concussion occurs, there will be a minimum of two doctor notes: one providing documentation of the injury and one with written clearance to return to full activity after student is symptom-free.
- Providing documentation and any written orders concerning head injury from a health care professional to the school nurse in a timely manner;
- Understanding student's progression is directed by the student's self-reported physical and mental health;
- Understanding that to complete the re-entry plan and be medically cleared to play in athletic

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activities and carry full academic load, the student must be symptom free at rest, during exertion, and with cognitive activity;

- Reporting concerns to their child's health care professional and the school as necessary;
- Obtaining written Medical Clearance and Authorization Form from head injury prior to resuming full academic workload including physical education and full participation in extracurricular activity by a physician or individuals as authorized by [105 CMR 201.011](#)).

Parent/Guardians and Students involved in All Extracurricular Activities will be responsible for:

- Completing the approved training regarding head injuries and concussions in extracurricular activities through the appropriate registration form;
- Completion of baseline ImPACT test every 2 years prior to participation in sports that carry a risk of concussion (see Section VI) unless there is a written opt out note from parent/guardian and student's physician;
- Completion of [Report of Head Injury Form](#) if a student sustains a head injury or concussion during the extracurricular season, but not while participating in current sport, or the off-season. Form should be submitted to the coach, Athletic Department or school nurse;
- Providing parent/guardian consent for release of information regarding ImPact testing to a consulting physician to the school nurse if the need arises;
- Understanding the following procedures regarding suspected head injury:
 - Any student who is symptomatic but stable is allowed to go home with their parent/guardian(s) following a head injury.
 - In the event that the student's parents/guardians cannot be reached and the student is able to be sent home (rather than directly to a medical facility), the student may be sent home by the coach or athletic trainer with a responsible individual.
 - Students with suspected head injuries will not be permitted to drive home.
 - All symptomatic students will be instructed to follow up with their primary care provider or appropriate physician for evaluation following the injury.
 - Injured students will be instructed to report directly to the School Nurse before school starts on the day he or she returns to school after the injury.
- Obtaining medical clearance prior to return to full academic workload and extracurricular activity.

Additional Steps Parent/Guardians and Students involved in Competitive Extracurricular Activities Managed Under the Athletic Department Will Be Responsible For:

- Providing documentation of physical examination prior to a student's participation in extracurricular activities managed under the Athletic Department on an annual basis, consistent with [105 CMR 200.100\(B\)\(3\): Physical Examination of School Children](#);

XI. Form Availability

Mansfield Public School has Online Registration for Extracurricular Activities through specific departments which include links to training and report of head injury or concussion. All forms are also available electronically on the [Mansfield Public Schools Health Services](#) page and Mansfield Public School's Athletic Department website under the [FORMS](#) dropdown. Hard copies of these forms are also available through the Athletic Department, Music Department, and Health Services. The student or parent/guardian can fax, mail, or hand-deliver the completed and signed forms to Mansfield High School and forms will be forwarded to the appropriate departments. In addition, during the months of July and August, coordination between Athletics, Band, and Health Services departments are particularly

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important when the school nurse is on vacation. The registration forms should be submitted to the coaches or Directors and will be forwarded to the school nurse upon returning to work in September.

XII. PROCEDURE FOR SHARING INFORMATION CONCERNING A STUDENT'S MEDICAL HISTORY

Informal collaboration occurs on a temporary, as-needed basis for information exchange. For example, when the school nurse informs (while adhering to protocols for confidentiality) the physical education teacher that a particular student may not participate in athletic activities because of a recent injury. There may be circumstances in which there is a need to share information in the student health record with authorized school personnel – either to enhance the educational progress of the student or protect their safety or well-being. Staff may need to be alerted to signs or symptoms of a medical problem on a need-to-know basis and offered a course of action. This type of disclosure should be made only to those authorized school personnel who work directly with the student in an instructive (academic or athletic), administrative, or diagnostic capacity. Finally, authorized school personnel should be instructed not to re-disclose the information. If there is any question about the sensitivity of the information, the school nurse should seek the permission of the parent/guardian and student, if appropriate, prior to disclosure to authorized school personnel. Ultimately, however, federal regulations permit information in the student health record to be seen by authorized school personnel on a need to know basis, and the basis for such sharing seems even more compelling when necessary to protect the well-being or safety of the student.

See the [Comprehensive School Health Manual](#) for further discussion of this issue. Public policy requires the protection of a patient's right to privacy by medical professionals, unless there is an immediate threat or serious harm to the student or others.

XIII. PROCEDURE FOR OUTREACH TO PARENTS WHO DO NOT RETURN COMPLETED FORMS

Students at Mansfield Public Schools will not be permitted to participate in extracurricular activities until both the parent/guardian and the student have completed and returned the signed Registration Form for Extracurricular Activities before the start of every sports/activity's season. In the event the school has not received the Registration Form or other required forms, Mansfield Public Schools will make three attempts to contact parent using the school's typical communication methods to parents. The student will not be allowed to play or practice until the appropriate required signed and completed forms are returned.

ADDITIONAL RESOURCES and FORMS:

1. [105 CMR 201.000: HEAD INJURIES AND CONCUSSIONS IN EXTRACURRICULAR ATHLETIC ACTIVITIES](#)
2. [105 CMR 200.000: PHYSICAL EXAMINATION OF SCHOOL CHILDREN](#)
- 3.
4. [MANSFIELD HIGH SCHOOL ATHLETE INCIDENT/INJURY REPORT](#)
5. [MANSFIELD HIGH SCHOOL ATHLETICS REGISTRATION FORM](#)
6. [REPORT OF HEAD INJURY DURING SPORTS SEASON](#)
7. [POST SPORTS RELATED HEAD INJURY MEDICAL CLEARANCE and AUTHORIZATION FORM](#)
8. [MIAA Handbook](#)

HEAD INJURY MANAGEMENT PLAN

Reviewed and Revised: July 16, 2019
 January 26, 2016
 May 27, 2014
 September 2013

Adopted: January 2012