

**NATICK PUBLIC SCHOOLS HEAD INJURIES AND CONCUSSIONS
IN EXTRACURRICULAR ATHLETIC ACTIVITIES POLICY AND PROCEDURES**

Policy

Natick Public Schools is committed to the safety of all our student athletes.

As per MGL 111, Section 222 and 105 CMR 201.00 the Natick Public Schools follow a plan for the prevention, evaluation and appropriate management of sports related head injuries.

Definition:

Concussion is a brain injury and ALL concussions are serious. A concussion may be defined as the immediate and transient impairment of neurological function. It may be a consequence of an individual's head striking an object (floor, another head, etc), an object striking the head (ball, another head, bat, ball, stick etc) or as a result of a sudden change of the direction of the head and neck (whiplash type of injury). Concussions generally cause specific SIGNS (things that can be observed by others) and SYMPTOMS (things that are reported by the athlete). Recognition and proper management of concussions can prevent further injury and even death. Recognition and appropriate management of concussions requires coordinated effort of a number of people as outlined in M.G.L.c.111, section 222 and 105 CMR 201.00

Purpose:

The purpose of this policy and these procedures are to provide standardized guidelines, expectations, instructions for persons involved in the prevention, training, management of concussions and the return to activity decisions regarding students who incur head injuries while involved in extracurricular activities in order to protect their health and safety.

Natick Public Schools has designated its Athletic Director to oversee the implementation of policies and protocols governing the prevention and management of sports-related head injuries.

The designation "parent" will apply to parents and all legal guardians of student athletes.

1. COMMUNICATIONS AND TRAINING

2. I. INFORMING PARENTS, STUDENTS AND STAFF OF POLICY ON HEAD INJURIES AND CONCUSSIONS IN ATHLETICS AND EXTRACURRICULAR ACTIVITIES

- A. This policy, and all forms relative to this policy utilized by the school district, shall be included in all handbooks that students, and the parents of students, receive that participate in extracurricular activities covered by 105 CMR 201.000.
- B. This policy and all appropriate forms shall be posted on appropriate school websites;
- C. This policy and all appropriate forms shall be translated and explained to parents with limited English proficiency in their primary language on an as needed basis.

3. II. NOTIFICATION OF PARENTS OF SUSPECTED HEAD INJURY OR CONCUSSION

- a. A. A players' coach shall notify the students' parent in person, or by telephone, immediately following the practice or competition in which a player has been removed from play due to a suspected head injury, concussion, signs and symptoms of a concussion or loss of consciousness.
- b. B. By the end of the next business day the coach must provide the parents/guardian in writing (on paper), or in electronic format, information regarding the injury.

III. NOTIFICATION OF ATHLETIC DIRECTOR, CERTIFIED ATHLETIC TRAINER AND SCHOOL NURSE OF SUSPECTED HEAD INJURY OR CONCUSSION

- c. A. A coach, or his or her designee, shall notify the Athletic Director, Certified Athletic Trainer, and School Nurse that a player has been removed from play due to a suspected head injury, concussion, signs and symptoms of a concussion or loss of consciousness by completing the Report of Head Injury Form by the end of the next business day.

4. IV. TRAINING REQUIRED PER 105 CMR 201.007

- a. A. Annual training is required regarding the prevention and recognition of sports-related head injury, and associated health risks including second impact syndrome, utilizing either the online course developed by the National Federation of High School Coaches, or the online course developed by the CDC, *located at these websites:*

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

or

http://www.cdc.gov/concussion/HeadsUp/online_training.html

- B. Annual training must be completed by the following:

1. Coaches
2. Certified Athletic Trainers
3. Volunteers
4. School and Team Physicians
5. School Nurses and School Nurse Leader
6. Athletic Director
7. Physical Education Staff
8. Parents of students who participate in extracurricular athletics, or extracurricular activities, that would be considered at risk for a head injury
9. Students who participate in extracurricular athletics, or extracurricular activities, that would be considered at risk for a head injury.

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

1. Nurse Leader-all school nurses and the School Physician Consultant

2. Athletic Director- all members of the athletic staff, volunteers at any extra-curricular athletic activity, student athletes, Team Physician and parents or legal guardians of children who participate in any extracurricular athletic activity
 3. Director of Health and Physical Education – all members of the physical education staff
- b. D. Handbooks distributed to staff, students and their parents will contain information prevention and recognition of sports-related head injury, and associated health risks including second impact syndrome. Information will be provided about the online course developed by the National Federation of High School Coaches, or the online course developed by the CDC, located at these websites:
- <http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>
 or
http://www.cdc.gov/concussion/HeadsUp/online_training.html
- E. For those parents unable to take the on-line training the school shall offer annually a school sponsored training program at which attendance is recorded.
- F. Documentation of successful completion of training annually will be maintained by the Athletic Directors office.
- G. Students shall **not** be allowed to participate in extracurricular activities unless both the student **AND** the parent have completed on-line training or other equivalent training.
- H. Parents who have not demonstrated proof of completion of training will be contacted by mail and telephone by athletic department personnel. Athletic department personnel will be available to meet with parents individually as appropriate to facilitate their understanding of the need for this training.
- I. Mandatory annual training will be held for all coaches, certified athletic trainers, and volunteers to:
1. Teach form, techniques, and skills and to promote protective equipment use to minimize sports-related head injury
 2. Prohibit athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete such as using a helmet or any other sports equipment as a weapon.
- J. Failure to comply with the school district's policy may result in penalties including but not limited to personnel sanctions and forfeiture of games, for failure to comply with provisions of the school district's or school's policy.

5. DOCUMENTATION, PHYSICAL EXAMINATION, REPORTING AND CLEARANCE/RETURN TO PLAY

A. I. PRE-PARTICIPATION REQUIREMENTS

- A. Physical Examination. Documentation of a physical examination prior to a student's participation in extracurricular athletic activities on an annual basis consistent with 105 CMR 200.100(B)(3): Physical Examination of School Children. This pre-participation physical examination shall be placed in the students' health file per 105 CMR 201.015. Each student athlete must have a physical examination on an annual basis, i.e. within 12 or 13 months of the student's last physical examination (13 months is to allow for insurance coverage of the examination). Any student athlete who does **not** have a current physical on file with the nurse, prior to the first day of try-outs/practice, is **not** eligible to participate in any form until a new/updated physical is turned in to the nurse. If the student's physical examination expires during the sports season, they must have an updated physical examination to continue to participate in the sports season. All physicals are to be turned in to the nurse, not the coach.

- B. Prior to each sports season completion of:

1. Parental/Student Athletic Consent Form
2. Sports Emergency Form
3. *Pre-participation Head Injury Reporting Form* including information about previous head injuries or concussions. If the student has sustained a previous head injury or concussion at any time, the student's physician will fill out the *Post Head Injury / Concussion Medical Clearance* form.

b. The decision to allow a player who reported a history of multiple concussions on her/his pre-participation form shall be made only after consultation with the student's physician or primary care provider; the sports medicine or concussion specialist, if involved; the neuropsychologist, if involved, and the appropriate school athletic staff and the parent. The focus of Natick Public Schools will always be on protecting the health and safety of the student and avoiding long-term consequences that can occur from repeated concussions.

The pre-participation head injury form must be completed and signed by the parent/guardian and student and returned to the Athletic Director's office prior to the start of **every** sports season. **The student cannot participate in tryouts, practices or games, until the form is completed, reviewed by the nurse/athletic trainer and on file in the Athletic Office.** This is now done on line during registration with FamilyID (as of 2017).

- C. Information on pre-participation forms and documentation will be maintained by the school and reviewed by the athletes' coach, school nurse, athletic trainer and team physician as appropriate. Based upon the review a school 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.

- D. Forms which indicate a history of head injury and Report of Head Injury forms will be reviewed by the school nurse. The school nurse may consult with the certified athletic trainer or the school physician as needed.
- E. Students in high risk sports for head and concussion injuries shall complete neuro-psychological testing at appropriate intervals during their interscholastic athletics career after receiving the consent of the students' parents. This testing will serve as a baseline to assist in any return to play decisions. Natick Public Schools use the IMPACT test.
- F. Collection/Distribution of Pre-participation Forms: Natick Public Schools has the pre-participation forms available electronically at the School's website under the Athletic Department Section @ natickps.org. Hard copies of these forms are also available at the Athletic Department and/or the School Nursing office. The parent/student can bring the forms to the designated Sports Clearinghouse evening, mail, or hand deliver the completed and signed pre-participation form into the Natick High School's athletic department which will forward a copy to the school nurse. Sports Clearing House dates are published on the Athletic website, the clearinghouse occurs prior to each sports season.

6. II. EXAMINATION AND REPORTING

- A. Any student who, in the judgment of the coach, Certified Athletic Trainer or other appropriately trained individual, 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, shall be removed from the practice or competition immediately and may not return to the practice or competition that day. **This is mandated by Massachusetts Law**
- B. For Head Injuries sustained in Interscholastic Athletics, the *Report of Head Injury Form* shall be completed by the Coach or their designee, or Certified Athletic Trainer and form returned to the Athletic Director, School Nurse and Certified Athletic Trainer. For Head Injuries sustained *outside* of interscholastic athletics, the Report of Head Injury Form shall be completed by the school nurse, parent, or primary care physician. The individual completing the form shall notify the Coach, Certified Athletic Trainer, Athletic Director, School Nurse, and/or Parent as specified in 105 CMR 201.010(c) and 105 CMR 201.010(d). This form shall be reviewed and placed in the students' health record as per 105 CMR 201.015
- C. Students, who sustain head injuries outside MIAA sanctioned activities, will be provided the same classroom accommodations as defined in this document.

- D. Based upon discussions with the student, parent and Certified Athletic Trainer, the student's physician or the school's team physician shall be notified as appropriate by the nurse, athletic trainer or parent for appropriate medical evaluation and follow-up.
- E. Blank Copies of the "*Report of Head Injury During Sports Season Forms*" (or school-based equivalent) are kept in the School nurse's office and athletic director's office at NHS. These forms are also available in the school's athletic handbook and on line at the school athletic department website. Parents are made aware of their responsibility for completing the form in the event of a head injury occurring outside of extracurricular athletic activity through written materials at the start of the sports season. Forms will be submitted to the athletic director, coach or school nurse.

7. III. MEDICAL CLEARANCE AND RETURN TO PLAY

- A. In the event that a student athlete receives a head injury, or is suspected of having a head injury, **the student will be removed from play and will not be returned to play or practice that day.** The coach should report the head injury to the certified athletic trainer or school nurse/physician as soon as possible, for medical assessment and management and for coordination of home instructions and follow-up care. The coach needs to complete a *Head Injury Form* on the student and send a copy of the completed form to the athletic trainer, the Athletic director, the school nurse and the student's parent/guardian by the end of the next business day. The certified athletic trainer or school nurse/physician will be responsible for contacting the athlete's parents and providing follow-up instructions. If the Athlete is injured off site or if the certified athletic trainer is unavailable, the coaching staff is responsible for notifying the athlete's parents of the injury and, if warranted, calls for emergency care. Coaches should seek assistance from the host site athletic trainer, coach or school nurse if at an away contest.
- B. If the athlete is able to be sent home (rather than directly to MD):
 - 8. the coach or athletic trainer will ensure that the athlete will be with a responsible adult, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home;
 - 9. the coach or athletic trainer will continue efforts to reach the parents;
 - 10. if there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete will be referred to the emergency department for evaluation. A coach or designee will accompany the athlete and remain with the athlete until the parents arrive, and
 - 11. athletes with suspected head injuries will not be permitted to drive home.
- C. Parent/ or legal guardian(s) will receive important information regarding signs and symptoms of deteriorating brain injury/function prompting immediate referral to a local emergency room as well as return to play requirements at the school. All symptomatic students will be referred to their primary care provider for evaluation.
 - 1. When an athlete loses consciousness for any reason, the athletic trainer will start by activating EMS, recognize ABC's, stabilize the C-spine and transport the injured athlete to the local hospital via ambulance. If the athletic trainer is not present, the coach should call EMS immediately, check ABCs and not move athlete until help arrives.

2. Any athlete who is removed from the competition or event and begins to develop signs and symptoms of a worsening brain injury will be transported to the hospital immediately by ambulance.

WORSENING SIGNS AND SYMPTOMS REQUIRING IMMEDIATE PHYSICIAN REFERRAL:

1. Amnesia lasting longer than 15 minutes
 2. Deterioration in neurological function
 3. Decreasing level on consciousness
 4. Decrease or irregularity in respirations
 5. Decrease or irregularity in pulse
 6. Increase in blood pressure
 7. Unequal, dilated, or un-reactive pupils
 8. Cranial nerve deficits
 9. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 10. Mental-status changes: lethargy, difficulty maintaining arousal, confusion, agitation
 11. Seizure activity
 12. Vomiting/ worsening headache
 13. Motor deficits subsequent to initial on-field assessment
 14. Sensory deficits subsequent to initial on-field assessment
 15. Balance deficits subsequent to initial on-field assessment
 16. Cranial nerve deficits subsequent to initial on-field assessment
 17. Post-Concussion symptoms worsen
 18. Athlete is still symptomatic at the end of the game
 19. In the event the student athlete is transported by EMS the athletic trainer or coach should notify the student's parent/guardian and the Athletic Director.
- D. The student shall not return to practice or competition unless and until the student provides medical clearance and authorization as specified in 105 CMR 201.011 Parent(s) or legal guardian(s) as well as student athletes must read and sign the Concussion Information and Gradual Return to Play form and bring it back to the certified athletic trainer before starting with the return to play protocol. All symptomatic students will be referred to their primary care provider for evaluation. Athletes who experience signs or symptoms of a concussion should not be allowed to return to play.

- E. Each student who is removed from practice or competition and subsequently diagnosed with a concussion shall have a written graduated reentry plan for return to full academic and extracurricular athletic activities.
1. The plan shall be developed by the school nurse, student's teachers, the student's guidance counselor, certified athletic trainer if on staff, neuropsychologist if available or involved, parent, members of the building-based student support and assistance team or individualized education program team as appropriate and in consultation with the physician who is managing the student's recovery and will be responsible for clearing the student to return to academic and extracurricular athletic activities (student's primary care provider, team physician, the physician who made the diagnosis or the physician managing the student's recovery).
 2. Following a diagnosed concussion made by a healthcare provider, the student athlete will take a **post-injury test within 24 to 48 hours after being symptom free . STUDENT ATHLETES WILL NOT BE ALLOWED TO MOVE ONTO FUNCTIONAL/PHYSICAL TESTING UNTIL THEIR IMPACT TEST IS BACK TO THE BASELINE SCORE AND THEY ARE ASYMPTOMATIC.**
 3. If after the first post-injury ImPACT test the athlete is not back to his/her baseline, parent (s) or legal guardian(s) will be notified.
 4. Following a post-injury test, the certified athletic trainer will take the *Concussion Information and Gradual Return to Play Form* signed by the parent(s) or legal guardian(s) and fill in the date of all post-injury tests taken by each student athlete.
 5. The certified athletic trainer will also document the date in which the athlete is asymptomatic and sign the document agreeing that all the above statements are true and accurate.
 6. Once a student athlete's post-injury test is back at the student athlete's baseline score they will go through 5 days of Exertional Post Concussion Tests. The student athlete must be asymptomatic for all functional and physical tests to return to play (RTP). All tests will be administered by a certified athletic trainer/nurse.
 7. Once the athlete completes the exertional post concussions tests, the parents will be notified and the athlete will be sent home with all signed documents relating to head injury. At this time, the parent(s) or legal guardians must bring their student athlete to an a licensed physician, licensed neuropsychologist, nurse practitioner, or certified athletic trainer to be medically cleared for participation in extracurricular athletic activities.
 8. The written plan shall include instructions for students, parents and school personnel, addressing but not be limited to: Graduated return to athletic plans will begin only after a student has returned to full participation in academics and is completely symptom free at rest.

IV. GRADUAL RETURN TO PLAY PROTOCOL:

RETURN TO PLAY WILL OCCUR ONLY AFTER THE FOLLOWING STEPS HAVE BEEN COMPLETED, IN THE ORDER LISTED BELOW:

- A. Parent/Guardian reads and signs the Concussion Information and Gradual Return to Play Protocol.
- B. Post injury ImPACT® test completed when athlete returns to school. Post injury ImPACT® test must be back to baseline before continuing with the Physical Post Concussion Tests. Parent/Guardian will be notified if first post injury ImPACT® test is not back to baseline. Post-injury ImPACT® test will continue until baseline is attained.
- C. Athletic trainer verifies that the Physical Post Injury Tests were administered and the athlete was asymptomatic. Athlete must finish Physical Post Injury Tests, even if athlete has been cleared by their health care provider.
- D. Athlete may not participate in practice or play until written clearance by an appropriate health care professional: physician (MD, DO) or nurse practitioner (NP) AND with completion of the Physical Post Injury Tests.
- E. Completed signature form returned to athletic trainer.
- F. Athletic trainer notifies coach and gives copies of completed form to director of athletics and school nurse.
- G. Written reentry plans will be distributed to the student, their parent/guardian, the school nurse, the lead teacher/guidance counselor, athletic trainer so that all parties are in agreement as to the plan for reentry. Frequent or periodic assessments by the school personnel including the nurse, athletic trainer, school physician or team physician as appropriate may be necessary until full return to classroom activities and extracurricular athletic activities are authorized by medical staff. A copy of the plan will be kept in the student's medical record.

1. V. RETURN TO SCHOOL

- A. Physical and cognitive rest as appropriate;
- B. Graduated return to extracurricular athletic activities and classroom studies as appropriate, including accommodations or modifications as needed;
- C. Estimated time intervals for resumption of activities;
- D. Frequency of assessments, as appropriate, by the school nurse, school physician, team physician, certified athletic trainer, or neuropsychologist if available until full return to classroom activities and extracurricular athletic activities are authorized
- E. A plan for communication and coordination between and among school personnel and between the school, the parent, and the student's primary care provider, the schools team physician, the physician who made the diagnosis and who is managing the student's recovery will be implemented.

- F. The student must be completely symptom free (a normal or baseline score on the post-concussion symptom scale, as well as an ImPACT neuro-cognitive exam that is returned to baseline for students who have a valid baseline on file) and medically cleared as defined in 105 CMR 201.011 in order to begin graduated reentry to extracurricular athletic activities.
- G. Students need to be cleared to return to a full academic schedule and assignments before attending field trips. If there is extenuating circumstances, the school's Principal can modify this procedural step.
 - i. **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, Certified Athletic Trainer, and school nurse, a Medical Clearance and Authorization Form, prior to resuming the extracurricular athletic activity. This form must be completed by a physician or one of the individuals as authorized by 105 CMR 201.011(A). 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.**
 - ii. A. Only the following individuals may authorize a student to return to play:
 - 1. A duly licensed physician
 - 2. A duly licensed certified athletic trainer in consultation with a licensed physician
 - 3. A duly licensed nurse practitioner in consultation with a licensed physician; or
 - 4. A duly licensed neuropsychologist in coordination with the physician managing the students return.
 - B. The School's Physician in consultation with the School Nurse/Athletic Trainer will serve as final authority regarding the ability of a student to return to extracurricular athletics after suffering from a head or concussive injury if necessary.

NATICK ATHLETICS

Return to Play Protocol for Concussions

Any athlete suspected of a head injury shall not return to practice or a game on the same day of the suspected head injury. The athlete must have medical clearance from an appropriate health care professional (certified athletic trainer, primary care physician, or neurologist) before he or she can resume practice or competition.

When the athlete has been symptom free for a period of 24 hours the graduated return to play protocol as shown below will be followed.

With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level for a period of 24 hours. If any post-concussion symptoms occur while in the stepwise program, then the athlete should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

The athlete must report to the certified athletic trainer every school day following a concussion to monitor signs and symptoms and progress through the Return to Play Protocol until the certified athletic trainer clears the athlete for full participation.

REHABILITATION STAGE	FUNCTIONAL EXERCISE at EACH STAGE OF REHAB	OBJECTIVE of STAGE
LEVEL X: No Activity DATE: _____	Complete physical and cognitive rest	Recovery
LEVEL 1: Light Aerobic Exercise DATE: _____ S&S REPORTED AFTER EXERCISE AND WITHIN 24 HOUR PERIOD: _____	Walking or stationary cycling keeping intensity <70% MPHR; NO resistance training	increase HR
LEVEL 2: Sport-Specific Exercise DATE: _____ S&S REPORTED AFTER EXERCISE AND WITHIN 24 HOUR PERIOD: _____	Running/skating drills; no head impact activities	Add Movement
LEVEL 3: Non-Contact Training Drills DATE: _____ S&S REPORTED AFTER EXERCISE AND WITHIN 24 HOUR PERIOD: _____	Progression to more complex training drills, eg. Passing/ shooting drills; may start progressive resistance training	Exercise, coordination, & cognitive load
LEVEL 4: Full Contact Practice DATE: _____ S&S REPORTED AFTER EXERCISE AND WITHIN 24 HUOR PERIOD: _____	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
LEVEL 5: Return to Play DATE: _____	Normal game play	

Parent/Guardian Signature: _____ **Date:** _____

Resources:

"Consensus Statement on Concussion in Sport, 3rd Annual International Conference on Concussion in Sport held in Zurich, November 2008" found in the *Clinical Journal of Sports Medicine* – Volume 19, Number 3, May 2009. pp 185-194 "Suggested Guidelines for Management of Concussion in Sports" National Federation of High Schools (NFHS) Sports Medicine Advisory Committee. 2009.

VI. RECORD MAINTENANCE AND REPORTING

A. The school district, consistent with any applicable state and federal law, shall maintain the following materials for 3 years or at a minimum until the student graduates:

1. Verifications of completion of annual training and receipt of materials.
2. Pre-participation Forms

3. Report of Head Injury Forms
 4. Medical Clearance and Authorization Forms
 5. Graduated re-entry plans for return to full academic and extracurricular activities.
- B. The school district shall make these records available to the Department of Public Health and the Department of Elementary and Secondary Education, upon request or in connection with any inspection or program review.
1. The school district will report on an annual basis, the total number of Report of Head Injury Forms received by the school; and
 2. The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular activities.

VII. ROLES AND RESPONSIBILITIES

RESPONSIBILITIES OF THE ATHLETIC DIRECTOR

Athletic Director - The athletic director shall be responsible for overseeing the development, implementation and revision of all policies, procedures and protocols regarding the schools systems management of Head Injuries and Concussions in Extracurricular Athletic Activities.

- A. The Athletic Director shall participate in the development and biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within the school district or school.
- B. The Athletic Director shall complete the annual training as required by 105 CMR 201.007.
- C. The Athletic Director, unless school policies and procedures provide otherwise, shall be responsible for:
 1. 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;
 2. 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 extracurricular athletic activity;
 3. Ensuring that all students participating in extracurricular athletic activities have completed and submitted Pre-participation Forms prior to participation each season; Coaches are responsible for communicating immediately following the practice/competition with the parent/guardian of any student removed from practice or competition as directed in 105 CMR 201.010 © and with the Athletic Director and School Nurse as directed in CMR 201.010 (D).

4. Ensuring that student Pre-participation Forms are reviewed according to 105 CMR 201.009(A);
5. 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 as specified in 105 CMR 201.009.
6. 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
7. Reviewing, updating and implementing policy every two years and including updates in annual training and student and parent handbooks.
8. Reporting annual statistics to the Department in accord with 105 CMR 201.017.

RESPONSIBILITIES OF COACHES

A. Coaches shall be responsible for:

1. Completing the annual training as required by 105 CMR 201.007;
2. A certificate of completion must be submitted to the Athletic Director annually.
3. Reviewing Pre-participation Forms, or school-based equivalents, so as to identify those athletes who are at greater risk for repeated head injuries;
4. Completing a Report of Head Injury Form upon identification of a student with a head injury or suspected concussion that occurs during practice or competition;
5. Receiving and reviewing forms that are completed by a parent which report a head injury during the sports season, but outside of an extracurricular athletic activity, so as to identify those athletes who are at greater risk for repeated head injuries; and forward by the next business day to Athletic Director, Athletic Trainer and School Nurse.
6. Transmitting promptly forms in 105 CMR 201.013(A)(2) and (3) to the school nurse for review and maintenance in the student's health record;
7. Teaching techniques aimed at minimizing sports-related head injury;
8. 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
9. Identifying athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play.

- B. Coaches are responsible for communicating immediately following the practice/competition with the parent/guardian of any student removed from practice or competition as directed in 105 CMR 201.010(C) and with the Athletic Director and school nurse as directed in 105 CMR 201.010(D).

RESPONSIBILITIES OF THE CERTIFIED ATHLETIC TRAINERS

Certified athletic trainers, if on staff, shall be responsible for:

1. Participating in the development and biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within the school district or school;
2. Completing the annual training as required by 105 CMR 201.007;
3. A certificate of completion must be submitted to the Athletic Director annually.
4. 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 greater risk for repeated head injuries;
5. Identifying athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play; and
6. Participating, when available, in the graduated reentry planning and implementation for students who have been diagnosed with a concussion.
7. Conducting the gradual return to play exertional protocol on the student athlete to verify return to play.

RESPONSIBILITIES OF THE SCHOOL NURSE

The School Nurse shall be responsible for:

- A. Participating in the development and biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within the school district or school;
- B. Completing the annual training as required by 105 CMR 201.007;
- C. A certificate of completion must be submitted to the Nurse Leader annually.

- D. Reviewing, or arranging for the school physician to review, completed Pre-participation 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;
- E. Reviewing, or arranging for the school physician to review, Report of Head Injury Forms and following up with the coach, Athletic Director, Athletic Trainer and parent as needed;
- F. Maintaining:
 - 1. Pre-participation Forms, or school-based equivalents, and
 - 2. Report of Head Injury Forms, or school-based equivalents, in the student's health record;
- F. Collaborating with the student's guidance counselor in the graduated reentry planning for students who have been diagnosed with a concussion to discuss any necessary accommodations 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 after a head injury and revising the health care plan as needed;
- G. Monitoring recuperating students with head injuries and collaborating with the student's guidance counselor and teachers to ensure that the graduated reentry plan for return to full academic and extracurricular athletic activities required by 105 CMR 201.010(E) is being followed; and
- H. Providing ongoing educational materials on head injury and concussion to teachers, staff and students.

RESPONSIBILITIES OF TEACHERS/ACADEMIC SUPPORT PERSONNEL

- A. Participate in annual concussion/brain injury education.
- B. Participate in the planning, evaluation and implementation of a graduated academic re-entry plan. Observation and evaluation of student's behavior and cognition during recovery and report any changes to School Nurse.

RESPONSIBILITIES OF GUIDANCE COUNSELOR

- A. Participate in annual concussion/brain injury training.
- B. Monitor the academic accommodation process
- C. Coordinate the academic plan with the teacher, student, parent and nurse.

The Athletic Director, Coaches, Certified Athletic Trainers and School Nurses, whether employed directly by the school or through contracted means shall be responsible for duties and responsibilities outlined in 105 CMR 201.012 – 201.015.

RESPONSIBILITIES OF THE PARENT/STUDENT

- A. Every year, student athletes and their parents will participate in an educational training on concussions and submit a certificate of completion to the Athletic Director prior to participating.

State Concussion Law Requirements: The Commonwealth of Massachusetts Executive Office of Health and Human Services requires that all high schools subject to the Massachusetts Interscholastic Athletic Association (MIAA) rules adhere to the following law:

1. Parents and student-athletes who plan to participate in any sports program in Natick Public Schools must also take one free online course about concussions per school year. Two free online courses have been made available and contain all the information required by the law.
2. The first online course option is offered through the National Federation of High School Coaches. You will need to click the “order here” button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes:

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

3. The second online course option is offered through the Centers for Disease Control and Prevention at:

http://www.cdc.gov/concussion/HeadsUp/online_training.html

- B. Parents/Students must complete the annual training and bring the certificate to the athletic office or the student will be unable to participate.
- C. Parents/Guardians must complete the Pre-participation head injury form and submit the completed form to the Athletic Office
- D. Because of limited English skills, some parents may be unable to communicate with school personnel and may feel isolated from the school community. Natick Public Schools makes every attempt to communicate effectively with parents with limited English proficiency. Natick Public Schools will translate materials as requested. In the event a student receives a concussion or is suspected of having a concussion Natick Public School Athletic Director’s office should notify the parent in the appropriate language. Interpreters are available by contacting the Principal’s office.

VIII. COMPLIANCE

- A. Natick Public Schools takes the safety of student athletes seriously. All members of the school staff are expected to follow these policies and protocols to support the health and safety of student athletes. The underlying philosophy of these policies is “when in doubt, sit them out”. Failure to comply with the letter or spirit of these policies could result in progressive discipline for staff and/or forfeiture of games. If students or parents have concerns that the policies are being violated, they should contact the Superintendent or Principal and also place their complaint in writing with a request for resolution.

- B. Failure to comply with Natick Public Schools Concussion Policy may result in penalties, including but not limited to personnel sanctions and/or forfeiture of games.

IX. POLICY AND PROCEDURES REVIEW AND REVISION

- A. The Athletic Director is responsible to ensure policies and procedures regarding sports related head injuries shall be developed reviewed and revised every two (2) years as per 105 CMR 201.006. These policies and procedures shall be developed, reviewed and revised by a team consisting of:

1. School Administrator
2. School Nurse
3. School or Team Physician
4. Athletic Director
5. Certified Athletic Trainer
6. Guidance Counselor
7. Teacher

Approved by the Natick School Committee: February 27, 2012

Last updated August of 2023 by Director of Athletics and Nurse Leader