

Bi-County Collaborative Concussion Policy

Forward

In 2010, the Massachusetts Department of Public Health's (MDPH) issued the new regulation 105 CMR 201.000 *Head Injuries and Concussions in Extracurricular Athletic Activities*, mandated by *Chapter 166 of the Acts of 2010, An Act Relative to Safety Regulations for School Athletes* (See *Appendix VII* for copy of this statute). This regulation requires all public middle and high schools (serving grades 6 through high school graduation) and those non-public schools that are members of the Massachusetts Interscholastic Athletic Association (MIAA) to have policies and procedures governing the prevention and management of sport-related head injuries. The section in the regulations on School Policies (105 CMR 201.006) states that these policies will be developed by January 1, 2012¹ and will be reviewed and revised "as needed but at least every two years."

These regulations and the resulting school policies are meant to prevent concussions and minimize the health consequences should a concussion occur. The regulations also emphasize a team approach, bringing together all those in the school community responsible for student's safety to understand the risks of concussions so they can respond appropriately.

INTRODUCTIONS TO SCHOOL POLICIES ON HEAD INJURIES AND CONCUSSIONS IN EXTRACURRICULAR ATHLETIC ACTIVITIES

Bi-County Collaborative seeks to prevent concussion and provide a safe return to activity for all students after injury, particularly after a head injury. In order to effectively and consistently manage these injuries, the Collaborative staff abides by the following procedures that have 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, including academic assistance, and are fully recovered prior to returning to athletic activity.

SECTION 1: PERSONS RESPONSIBLE FOR IMPLEMENTATION OF SCHOOL POLICY AND PROCEDURES

Regulation:

105 CMR 201.006 (A)(1): Designation, by the Executive Director, of the person responsible for the implementation of these policies and protocols.

Person Responsible Policy

The Bi-County Collaborative has designated its Executive Director or Program Director (and her staff) who has administrative authority to oversee the implementation of these policies and protocols governing the prevention and management of sports-related head injuries. In addition, the Executive Director or Program Director will be responsible for:

- (1) Supporting and enforcing the protocols, documentation, training and reporting outlined in this policy
- (2) Supervising and reviewing that all documentation is in place
- (3) Reviewing, updating and implementing policy every two years and including updates in annual training and student and parent handbooks.

SECTION 2: MEDICAL/NURSING REVIEW OF REPORTS OF HEAD INJURY DURING THE SEASON

Regulation:

105CMR 201.006(A)(6): Procedure for the school to obtain and ensure timely medical or nursing review of a Department Report of a head Injury During Sports Season Form, or school-based equivalent, in the event of a head injury or suspected concussion that takes place during the extracurricular activity season.

Medical/Nursing Review Policy

Blank Copies of the “**Report of Head Injury During Sports Season Forms**” (or school-based equivalent) are kept on the Bi-County Collaborative website. Parents are made aware of their responsibility for completing the form in the event of a head injury occurring during extracurricular activities through written materials at the start of the school year. Such forms will be submitted to the Nurse Manager or Program Director.

SECTION 3: PROCEDURE FOR REPORTING HEAD INJURIES TO SCHOOL NURSE AND PROGRAM DIRECTOR

Regulation:

105 CMR 201.006(A)(7): Procedure for reporting head injuries or suspected concussions sustained during extracurricular athletic activities to the School Nurse, Nurse Manager and Program Director.

Reporting Head Injury Policy

At Bi-County Collaborative, head injuries or suspected concussions (after a bump, blow or jolt to the head or body) sustained during extracurricular activities must be reported as soon as possible to the Nurse Manager and the Program Director. **Students who experience signs or symptoms of a concussion should not be allowed to return to physical activity.**

If a student is reported to have sustained a head injury at school, Collaborative staff should do the following:

1. Notify the Program Nurse or School Nurse immediately for evaluation.
2. If the student is determined to have sustained a head injury, their family will be notified as soon as possible. A head injury letter will be forwarded home with the student unless the child is transported to the nearest emergency facility.
3. If necessary, the student will be transferred to the nearest emergency room for evaluation with a member of their program staff until their family or guardian arrives.
4. Complete incident forms and file necessary paperwork for DESE.

SECTION 4: REMOVING STUDENTS FROM PHYSICAL ACTIVITY AND MEDICAL EVALUATION

Regulation:

105 CMR 201.006(A)(8): Procedure for identifying a head injury or suspected concussion, removing a student from physical activity and referring for medical evaluation.

Identifying Head Injury or Suspected Head Injury and Removing from Physical Activity Policy

- ❖ If a student receives a blow to the head at school and any signs or symptoms are present - or if the student is suspected of having a head injury - the Bi-County staff must remove the student from physical activity and the student will not return to physical activity that day. The student will be referred to the School Nurse, Program Nurse or Program Director who should:
 - a) Notify parents/guardians immediately.
 - b) Refer student immediately to their primary care physician or if unavailable, emergency room.
 - b) Send copy of the symptom checklist with the student for review by medical personnel.
 - c) Students must follow their primary care physician's written orders concerning return to school and physical activity (which includes physical activity in Physical Education class, recess, sports practice and/or games).

SECTION 5: MEDICAL CLEARANCE FOR RETURN TO PHYSICAL ACTIVITY

Regulation:

105 CMR 201.006(A)(9) The protocol for medical clearance for return to physical activity after a concussion that at a minimum complies with 105 CMR.201.011.

105 CMR 201.011: Each student who is removed from physical activity 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 School Nurse or Program Director a Department Post Sports-Related Head Injury Medical Clearance and Authorization Form (Medical Clearance and Authorization Form), or school-based equivalent, prior to resuming the physical 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 physical activity decision is a medical decision that may involve a multidisciplinary approach, including consultation with parents, the school nurse and teachers as appropriate.

(A) Only the following individuals may authorize a student to return to activity:

- (1) A duly licensed physician;
- (2) A duly licensed nurse practitioner in consultation with a licensed physician;
- (3) A duly licensed neuropsychologist in coordination with the physician managing the student's recovery;
or
- (4) A duly licensed physician's assistant under the supervision of a licensed physician

Return to Activity Policy :

- If it is determined that a student has a concussion or suspected concussion, s/he will be out of physical activity until he/she can be cleared for participation by a physician. No student shall go from being sidelined with a concussion to full activity until he/she has followed the recommended process from the treating physician regarding return to activity. Each student will likely have his/her own course of recovery, which may depend upon prior medical history of concussion. Each student who is removed from physical activity shall have a written graduated re-entry plan for return to full academic and extracurricular athletic activities. The plan shall be developed by the student's teachers, the student's guidance counselor, school nurse, Nurse Manager, 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 student's primary care provider or the treating physician. This written plan shall include instructions for students, parent(s) and school personnel addressing physical and cognitive rest, graduated return to academics and physical activity, estimated time intervals for resuming activities, assessment frequencies, as is appropriate, physician or neuropsychologist if available until full return to academics and physical activity is authorized. A plan for communication and coordination shall also be put into place with the above individuals who are managing the student's recovery. The student must be completely symptom free at rest in order to begin graduated re-entry (stepwise program) to activities. Final authority for Return-to-Activity shall reside with the student's physician or the physician's designee.

SECTION 6: DEVELOPMENT AND IMPLEMENTATION OF POST CONCUSSION GRADUATED REENTRY PLANS

Regulation:

105 CMR 201.006: Procedure for the development and implementation of post-concussion graduated reentry plans to school and academic activities, if indicated, by persons specified in CMR 201.010(E)(1).

105 CMR 201.010(E) Each student who is removed from physical activity and subsequently diagnosed with a concussion shall have a written graduated reentry plan for return to full academic and physical activities.

(1) The plan shall be developed by the student's teachers, the student's school adjustment counselor, school nurse, BICO nurse manager, neuropsychologist if available or involved, parent, individualized education program team as appropriate and 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 and school personnel, addressing but not be limited to: (a) Physical and cognitive rest as appropriate; (b) Graduated return to physical activity 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, physician's assistant or neuropsychologist if available until full return to classroom activities and physical activities are authorized; and (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 or the physician who made the diagnosis or who is managing the student's recovery.

(3) **MCAS Test Accommodations**

A student diagnosed with a concussion is entitled to receive appropriate and necessary test accommodations for MCAS tests, and an IEP or 504 plan *must* be developed for this purpose.

The IEP or 504 team must determine how the student will participate in MCAS *in each subject*, including whether the student will take the standard MCAS test, and if so, which accommodations will be provided. In the IEP or 504 plan, accommodations must be listed *separately* for both routine instruction and MCAS testing.

Instructional accommodations and modifications must be based on an individual student's academic performance and stage of recovery and must be described either in the graduated reentry plan, current IEP, or 504 plan. If appropriate, a reference to the graduated reentry plan should be included in the student's IEP in the section titled "Additional Information."

It may be appropriate for a student diagnosed with a concussion to participate in the MCAS-Alt rather than in the standard MCAS test in a subject, even with the provision of test accommodations, because the complexity and severity of the student's disability may make it impossible for the student to take a test of the intensity and duration of MCAS or to complete each test session in a single school day as required. The decision to designate a student for the MCAS-Alt is made by the IEP or 504 team.

Circumstances in which Students with Concussions May Be Excused from MCAS Testing

A student diagnosed with a concussion may be **excused** from MCAS testing only if it is determined that participation would impede the student's recovery or endanger the student's health.

(4) The student must be completely symptom free and medically cleared as defined in 105 CMR 201.011 in order to begin graduated reentry to physical activities.

Graduated Reentry Plan :

Bi-County Collaborative requires that all students returning to school and activities after a concussion have a written plan for reentry. School staff, such as teachers, school nurses, counselors, administrators, speech-language pathologists, and others should work together to develop and implement this plan in coordination with the student, their parent/guardian and the primary care provider.

Graduated return to academic plans are based on the stages of recovery framework that takes a student from rest, to gradual return to full participation in academic activities.

Stages of Recovery:

The stages of recovery are a framework designed through a collaborative effort by local health care professionals. The purpose of this framework is to create common language that will help guide students, families, school personnel and health professionals through the recuperation process. Placement in stages is based on assessment of the student's medical condition by a licensed medical professional and accompanied by written orders.

Red Stage (Usually 2 – 4 days, but could last weeks)

- 1) Rest
- 2) Students typically do not attend school

Orange Stage

- 1) Rest
- 2) Attend school half to full days
- 3) Avoid school bus and heavy backpacks
- 4) Work with designated educational personnel regarding school accommodations
- 5) No tests in school
- 6) No sports, physical education or outdoor recess

Yellow Stage

- 1) Attend school full-time if possible
- 2) Students and families work with teachers regarding homework deadlines (complete as much as possible)
- 3) See school nurse for pain management and/or rest if needed
- 4) Limit one quiz/test per day (untimed testing is recommended)
- 5) Work in 15 minute blocks
- 6) No sports
- 7) Licensed medical professional will make decisions regarding physical education and outdoor recess (elementary level) based on medical assessment

Green Stage

- 1) Attend school full time

- 2) Resume normal activities
- 3) Resume physical activity once school work is back on track, student is symptom-free, and has been cleared by a licensed medical professional

Graduated return to physical activity plans will begin only after a student has returned to full participation in academics and is completely symptom free at rest.

Return to Activity Schedule:

When a student is completely symptom free at rest and has the approval of a medical professional, she/he may begin a graduated return to physical activity protocol. The return to physical activity schedule for the student should proceed as follows and should be monitored by the APE teachers and Collaborative staff.

- Step 1: Light exercise, including walking or riding an exercise bike. No weight-lifting.
- Step 2: Aerobic exercise such as running in the gym or on the field.

The written reentry plans will be signed by the student, their parent/guardian, the school nurse, BICO nurse manager, the lead teacher/student adjustment counselor, so that all parties are in agreement as to the plan for reentry. Frequent or periodic assessments by the school personnel including the nurse, 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.

SECTION 7. PROCEDURE FOR THE SCHOOL TO NOTIFY PARENTS WHEN A STUDENT HAS BEEN REMOVED FROM PHYSICAL ACTIVITY FOR A HEAD INJURY OR SUSPECTED CONCUSSION:

If a student sustains a head injury, including a suspected concussion, the school nurse, program nurse or program director will notify parents immediately and give them the fact sheet on concussions. Appropriate school staff will be notified within 24 hours of learning of the injury.

SECTION 8: SHARING CONCUSSION-RELATED HEALTH INFORMATION

Regulation:

105 CMR 201.006(A)(15): Procedure for sharing information concerning and student's history of head injury and concussion, recuperation, reentry plan, and authorization to return to activity and academic activities on a need to know basis consistent with requirements of 105 CMR 201.000 and applicable federal and state law including but not limited to the Massachusetts Student Records Regulations, 603 CMR 23.00, and the Federal Family Educational Rights and Privacy Act Regulations, 34 CFR Part 99

Sharing Information Policy :

Informal collaboration occurs on a temporary, as-needed basis for information exchange, as when the school nurse informs (while adhering to protocols for confidentiality) the adaptive 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.

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