



Nauset Regional High School Athletic Training

Policy and Procedures Manual

Nauset Regional High School is fortunate to employ a full time certified athletic trainer. This document has been created by information from the certified athletic trainer, athletic director, coaching staff, school nurse, guidance department, and administration at Nauset Regional High School. It will be reviewed one time per year by our certified athletic trainer and team physician.

Athletic Training Department Mission & Philosophy:

The Athletic Training Department at Nauset Regional High School aspires to be a program of recognized excellence guided by the mission of Nauset and the Nauset Public School District, encompassing academic excellence, social responsibility and cultural awareness. With goodness at the heart of the practice of athletic training at Nauset, the certified athletic trainer strives to appropriately use evidence based medicine and evolving resources in the pursuit of inclusive student athlete wellness and injury prevention.

The Certified Athletic Trainer at Nauset works on a team approach to sports medicine. This standard of care requires discipline and communication. Being thorough in documentation of a student athlete's injury, frequent discussions and meetings with coaches, parents, athletes, administration, and treating physicians are all what make the care of the student athlete at Nauset stand out. The end goal of the practice of athletic training at Nauset is student centered care that encourages student athletes to become lifelong advocates of their own health care.

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Prevention:

The athletic trainer will monitor all paperwork regarding registration, physicals, and medical history each athletic season

- All student athletes are required to register online with familyid.com prior to the start of each season they will be competing in
- All student athletes are required to have a physical every 13 months, physicals can and will expire during the season. Student athletes will not be allowed to participate in competitions if current physical is not on file with the school nurse
- All student athletes are required to complete baseline neurocognitive concussion testing with ImPACT. Non-contact sport athletes (track and field, tennis, swimming, cross country, and golf) will test once every four years. Contact sport athletes (football, lacrosse, soccer, basketball, volleyball, sailing, baseball, field hockey, ice hockey, wrestling, cheerleading, and softball) will test every two years.
- The athletic trainer will complete preseason sign ups one month prior to the start of the winter and spring seasons. Fall sign-ups will take place at the Nauset Regional Middle School, Nauset Regional High School, and Lighthouse Charter School in June prior to the school year ending.
- ImPACT testing will be proctored by the athletic trainer four times throughout the year.
 - o Fall Sports: Late August/Early September
 - o Winter Sports: November
 - o Spring Sports: March
 - o June testing will be completed at Nauset Regional Middle School for incoming 9th graders
 - o All baseline testing outside of these dates will be scheduled with the school nurse.
- The athletic trainer will participate in the preseason parent/athlete/coaches meeting held at the start of each season. The presentation will include information regarding the following:
 - o Athletic registration process
 - o Prevention of injuries
 - o The evaluation and treatment process
 - o Concussion protocols
 - o Opioid education and legislature
 - o Access to athletic training information

Athletic Health Care Team:

- Head Athletic Trainer: Michele Pavlu ATC, LAT, CSCS
 - o Injury prevention and education
 - o Review of preparticipation physicals and online registrations
 - o Inform coaches of life threatening or pre-existing conditions
 - o Injury/Illness recognition
 - o Carryout emergency procedures
 - o Evaluations, treatment, and rehabilitation protocols
 - o Frequent communication with parents, coaches, guidance, and administration regarding the status of an injured student athlete
 - o Proper referral to medical professionals and/or clinicians
- Athletic Director: John Mattson
 - o Athletic support and administration
 - o Assist with emergency procedures
- School Nurses: Jaime Langelier BSN, RN; Linda Nickerson RN
 - o Injury & illness recognition
 - o Carryout emergency procedures
 - o Proper referral to medical professionals or clinicians for injuries, illnesses, and student athletes in crisis
- Guidance Department

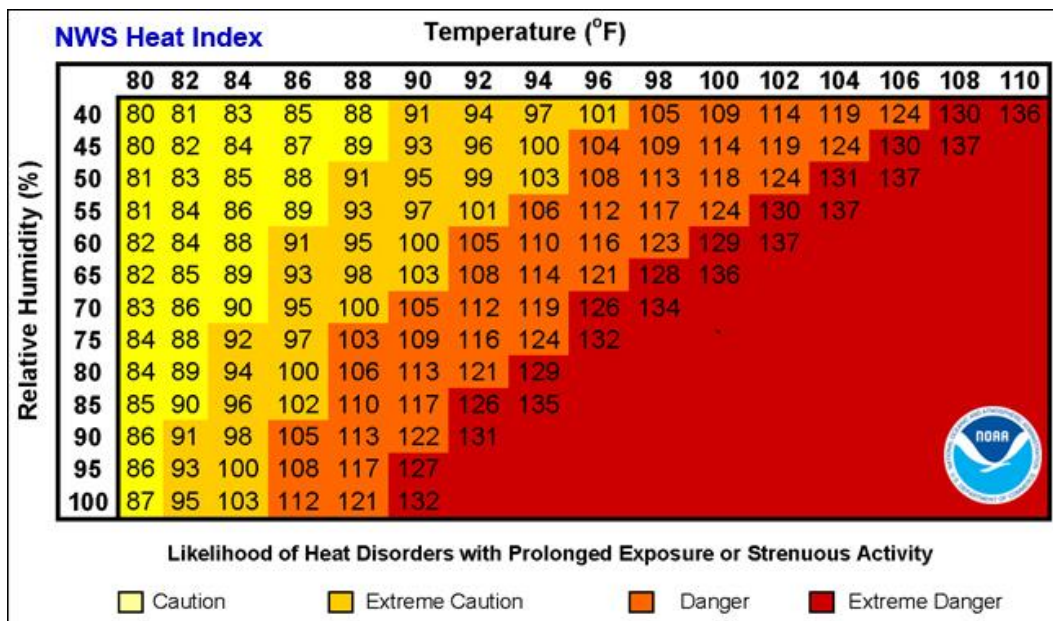
- Assist with classroom concussion protocols
- Liaison between student athlete, parents, and teachers
- Proper referral for student athletes in crisis
- Resource Officer: Carrie DeAngelo
 - Carryout emergency procedures
- Referrals to the following will be made by the school nurse in conjunction with guidance counselor, parents, and student athlete's physician
 - Substance Abuse Referrals: Gosnold Center 800-444-1554
 - Severe Anxiety/Depression/Suicidal Thoughts Actions: Mobile Crisis Team 800-495-0086
 - Eating Disorders: Walden Center on Cape Cod 888-791-0004

Inclement Weather Policies:

THUNDER/LIGHTNING POLICY:

- In the event of a weather related emergency, if thunder is heard and/or lightening is detected during a practice and/or competition all outdoor activity/play shall be suspended and student athletes, coaches, spectators, and school officials should take shelter in the NRHS gymnasium.
- During competitions decisions will be made at the discretion of the officials and or umpires with guidance from the certified athletic trainer and site administrator
- If gymnasium or enclosed space is not available those stated above shall take shelter in cars and/or team buses.
- People should be instructed to not stand under or near a tree; stay away from poles, antennas, bleachers, and underground watering systems. Dugouts are not safe.
- After thunder and/or lightning has left the area, wait 30 minutes after the last boom is heard or strike is seen before resuming play or competition.
- If an individual were to get struck by lightning they do not carry an electrical charge. It is safe to treat them and first responders should be prepared to give care with their level of training.

HEAT & HIGH HUMIDITY POLICY: The following procedures are based off the National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses and are the framework to preventing Exertional Heat Illness (EHI) from occurring. If EHI does present then the following procedures allow appropriate recognition and treatment.



Prevention of Heat Illness:

- Pre-participation screenings completed by the student athlete's Primary Care Physician every 13 months, will identify student athletes who are at increased risk for EHI.
- The first 2-3 weeks of preseason practice present the greatest risk of EHI, it is imperative that acclimatization rules for specific sports are followed. Please see MIAA handbook for specific sport rules in regards to heat acclimatization.
- Special consideration should be taken with student athletes suffering from viral infections, fevers, or skin rashes as they are at an increased risk of EHI.
- Student athletes will be educated on proper hydration and nutrition at the beginning of each season and are encouraged to sleep at least 7 hours per night in a cool environment. Student athletes should maintain hydration and replace fluids throughout practices and games.
- Cold-water immersion tub will be available on the sideline when environmental conditions warrant. Other modalities such as ice towels and bags will be available.
- Please consult the Heat Index on previous page to indicate days of increased risk.
- The heat index will be monitored by a sling psychrometer throughout practices, games, and competitions by the certified athletic trainer or administrator on site.
- The MIAA activity guidelines chart below will also be used to determine modifications and/or cancellations of practices, competitions, and games.

WBGT READING ACTIVITY GUIDELINES & REST BREAK GUIDELINES	
Below 76°F	Normal activities, Provide at least 3 separate rest breaks each hour for a minimum duration of 3 minutes each during workout
76.1-81.0°F	Use discretion for intense or prolonged exercise, and watch at-risk players carefully. Provide at least 3 separate rest breaks each hour for a minimum duration of 4 minutes each.
81.1-84.0°F	Maximum practice time is 2 hours. For football: Players should be restricted to a helmet, shoulder pads, and shorts during practice; all protective equipment should be removed for conditioning activities. For all sports: Provide at least 4 separate rest breaks each hour for a minimum of 4 minutes each.
84.1-86.0°F	Maximum length of practice is 1 hour. No protective equipment should be worn during practice, and there should be no conditioning activities. There should be 20 minutes of rest breaks provided during the hour of activity.
Above 86.1°F	No outdoor workouts. Cancel activity; delay practice until a cooler wet-bulb globe temperature/heat index reading occurs.

Recognition of Heat Illness:

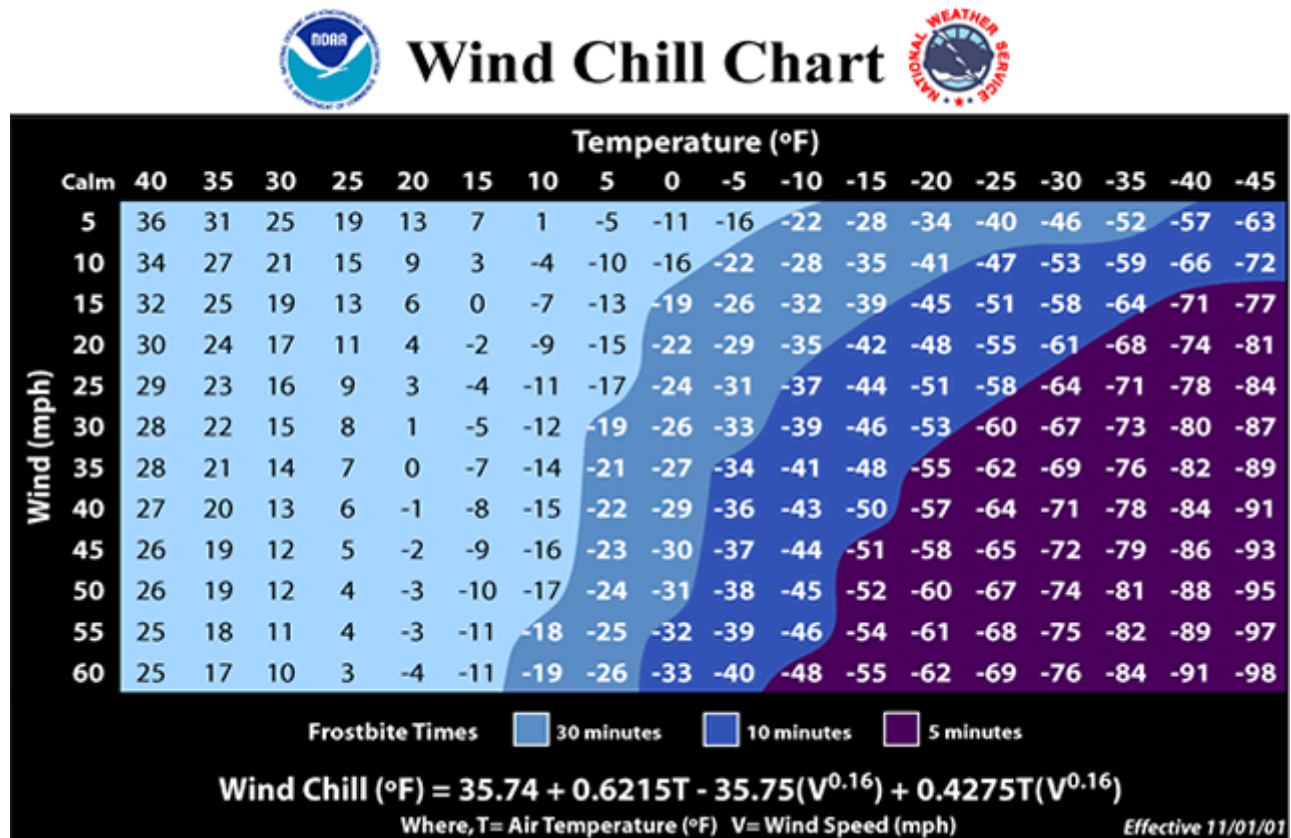
- *Exercise Associated Muscle Cramps:* Signs and symptoms to recognize include; visible muscle cramping, localized pain, dehydration, thirst, sweating or fatigue. Most tend to be short in duration (less than 5 minutes). Severity varies by athlete.
- *Heat Syncope:* Brief episode of fainting that may be associated with dizziness, tunnel vision, pale or sweaty skin, or decreased pulse. Whenever heat syncope is suspected also rule out a cardiac event.
- *Exertional Heat Exhaustion:* May present as patient with excessive fatigue, fainting or collapsing during physical activity, weakness, dizziness, headache, vomiting, nausea, lightheaded, or low blood pressure. Core body temperature is less than 105° F.
- *Exertional Heat Stroke:* The main criteria for diagnosing EHS are central nervous system dysfunction and core body temperature greater than 105° F. If CNS dysfunction is present but core temperature is below 105° F still treat as EHS. Following initial collapse or onset of central nervous system dysfunction initiate cold water immersion immediately. Student athlete may be

disoriented, confused, dizzy, off balance, irritable, irrational or display unusual emotional behavior. Patient may also have hot, wet skin.

Immediate Treatment:

- **Exercise Associated Muscle Cramps:** Rest and passive static stretching until cramps cease. Icing or massage may help to decrease symptoms. Replenish with electrolyte containing fluids such as Gatorade or Powerade.
- **Heat Syncope:** If safe to do so, move patient to shaded area and monitor vital signs. Elevate legs above head, cool skin and rehydrate athlete. Activation of EMS if athlete's vitals are unstable, student athlete loses consciousness, and/or altered mental status.
- **Exertional Heat Exhaustion:** Remove excess equipment and clothing. Move patient to cool shaded area and begin cooling with ice, ice towels, or cold water immersion and monitor vitals. Replenish with electrolyte containing fluids. If condition does not resolve within 15 minutes or if student athlete begins to deteriorate EMS must be activated. If core temperature is above 103° begin treatment for exertional heat stroke.
- **Exertional Heat Stroke:** The main objective with a student athlete with EHS is to lower body temperature below 102° F within 30 minutes of collapse. When EHS is suspected patient's body (trunk and extremities) should be immediately immersed in sideline cold-water tub. Begin cold water immersion before removing any clothing or equipment. Water should be 35° F to 59° F and continuously stirred. Monitor vital signs every 5 to 10 minutes. Remove patient when core temperature reaches 102° F and EMS is available for transport.

COLD WEATHER POLICY: The following procedures are based off information and recommendations from the National Athletic Trainers' Association.



Prevention of Cold Related Injuries:

- Pre-participation screenings completed by the student athlete's Primary Care Physician every 13 months to determine if someone is at risk for a cold related injury
- Those student athletes who suffer from cold urticaria should refrain from practicing or participating in outdoor activities when temperatures are below 40°F, and carry their epipen and/or Benadryl with them at all times.
- Special considerations should be taken with student athletes who suffer from circulatory disorders such as Raynaud's disease and should refrain from practicing or participating in outdoor activities when temperatures are below 40°F.
- Student athletes suffering from viral infections, fevers, or skin rashes should be monitored and given special consideration as they are at an increased risk of cold related injuries.
- Student athletes will be educated on proper dress for cold temperatures using the three layer system below. Dry suits will be available for the sailing program.
 - o Base Layer: evaporates and does not absorb sweat
 - o Internal Layer: insulates
 - o External Layer: water and wind resistant
- Opportunities to rewarm or stay warm or rewarm throughout practice and or competition will be available to all student athletes. This includes proper rehydration and nutrition, heat packs, blankets, hand and foot warmers, and a warm tub.
- Temperatures and will chill will be monitored by the certified athletic trainer, athletic director, and coach using the chart on the previous page. Training regimens, practice, games, and/or competitions may be modified, moved indoors, and/or cancelled in extreme temperatures.

Recognition and Treatment of Cold Related Injuries:

- *Frostbite*: an injury caused by freezing of the skin and underlying tissues. Most commonly found in the skin of extremities (fingers & toes), nose, ears, and face.
 - o *Signs and Symptoms of Frostbite*:

i. Dry, waxy skin appearance	v. Blood blistering
ii. Edema and/or swelling	vi. Itching skin
iii. Burning/tingling sensation	vii. Loss of sensation
iv. White, gray, black, or purple skin	viii. Increased temperature
 - o *Treatment of Frostbite*:
 - i. Remove from cold source
 - ii. Gradually rewarm core temperature indoors if possible
 - iii. Gradually with warm water tub
- *Hypothermia*: is a medical emergency when your body loses heat faster than it can produce heat, causing dangerously low body temperature. Hypothermic conditions are present when body temperature falls below 95°F.
 - o *Treatment of hypothermia*:
 - i. Remove from cold source
 - ii. Remove any wet clothing
 - iii. Passive rewarming
 - iv. Cover with heated blankets
 - v. Offer warm fluids if conscious and able to drink
 - o Below are severe signs and symptoms of hypothermia and EMS should be activated if any of the following are present

i. Body temperature below 95°F	v. Impaired mental function
ii. Amnesia	vi. Dilated pupils
iii. Decreased respiration rate	vii. Muscle rigidity
iv. Slurred speech	viii. Coma

Bloodborne Pathogens:

Every two years along with CPR and AED training all coaches and emergency staff will be educated on the use of standard precautions and specific ways to prevent contact with blood and bodily fluids. At all possible when the risk of exposure is high, or when the need to disinfect inanimate areas or equipment soiled with bodily fluids, the athletic trainer, school nurse, and/or maintenance staff should be notified. If exposure to a staff member, student athlete, coach, or official occurs the athletic trainer and school nurse should be notified. The risk of disease transmission in non-contact and contact sports is low at the high school level as stated by the American Academy of Pediatrics (AAP). Guidelines listed by the AAP and Nauset Regional High School are listed below:

- Student athletes must cover existing cuts, wounds or other areas of broken skin with a dressing before and during participating in practices and games
- Disposable gloves should be worn to avoid contact with blood or other body fluids. If gloves are not available cover wound with a towel until they do become available.
 - o Non-Latex disposable gloves can be found in all team medical kits and the counter in the athletic training room
- Hands should be washed with warm, soapy water or an alcohol based hand sanitizer should be used immediately after removing gloves
 - o Sinks can be found in the athletic training room wet area, gymnasium lobby bathrooms, fitness center, and concession stand bathrooms outdoors. Alcohol based hand sanitizer can be found in all team medical kits, on the counter in the athletic training room, and wall dispensers in fitness center
- Student athletes with active bleeding should be removed from play and should not return to activity until bleeding has been controlled and wound is covered with sterile dressing
 - o Gauze, sterile dressing, and power flex tape can be found in team medical kits, and in the counter in the athletic training room
- Resuscitation equipment is also found in team medical kits in orange packaging to provide barrier between patient and emergency care provider
- *Red Biohazard Receptacle is located in the athletic training room and bags are disposed of by maintenance staff.*
- *Sharps container is kept in counter of the athletic training room and brought to the Eastham Fire Department one time per month or as needed.*
- Disinfectant can be found by contacting the maintenance staff or it is located in the athletic training room in a labelled unlocked cabinet.
- For more information regarding bloodborne pathogens and infectious disease transmission please see www.aap.org or www.cdc.gov/ncidod/dhqp/gl/isolation.standard.html

Injury Evaluation and Diagnosis:

- Any injured or ill student athletes should immediately advise his or her coach about his or her condition and seek immediate care from the Athletic Trainer or medical personnel on site.
- The Athletic Trainer or medical personnel will evaluate and treat the student athlete as soon as possible and report the student athlete's condition to the coach and/or parent.
- The Athletic Trainer or medical personnel is responsible for advising and educating the coach on the athlete's condition and guidelines for returning to activity.
 - o Return to play decisions are based on the student athlete's reductions of symptoms, restored range of motion and strength as well as functional capacity with the student athlete's safety and well-being in mind.
 - o Injuries that are minor and treated "in house" by the athletic trainer will require verbal or written communication from the athletic trainer to the coach for return to play
 - o Head injuries, concussions, or moderate to severe injuries, such as fractures and sprains that are referred to a physician must have physician clearance in writing to return to activity

- Parents must also report all concussions that occur outside of school to, the athletic trainer, school nurse, or guidance counselor. This is done by completing a report of head injury form from the Department of Public Health (DPH) see attached in concussion policies and procedures.
- Student athletes who are seen by a physician for any medical condition, related or unrelated to athletics must have documentation from the physician for return to play. These conditions include but are not limited to:
 - Respiratory illness: pneumonia, bronchitis
 - Mononucleosis
 - Eye conditions: conjunctivitis
 - Skin Conditions: tinea corporis (ringworm), staph infections, MRSA
 - Anaphylaxis
- Coaches may require the injured student athlete to attend practices and games if it does not worsen their injury or illness

Medical Documentation

When a student athlete is injured and injury report will be filed electronically using Sportsware web based injury tracking software. All subsequent treatments will be noted in a daily treatment log and then filed electronically. When the athlete has returned to full activity, the injury is closed, and they are no longer seeking treatment from the athletic trainer the injury report will be filed in their own personal folder in the athletic training office.

Student athletes' medical records will be stored electronically indefinitely. Hard copy files will be shredded seven years post-graduation.

No information regarding the student athlete will be given to parties not directly related to the student athlete. Information will never be given to teammates, and parents of other athletes. Parties involved in the care of the student athlete may include:

- | | |
|------------------------------------|-------------------------|
| - Parents | - School Nurse |
| - Coaches | - Guidance counselors |
| - Team/Treating physicians/NPs/PAs | - Teachers |
| - Treating physical therapists | - School Administration |
| - Treating chiropractors | |

Treatment and Rehabilitation:

Athletic training coverage begins at 1pm daily and will be posted on the athletic training room door

- Athletic Training Courses: 1:30pm-3:00pm on A Days, treatment will not be given during this time
- Treatment and evaluation time: 1:30-3:00pm on B Days
 - Student athletes with prior injuries may come for treatment during this time.
 - Student athletes will only be allowed to come if they are in physical education or elective blocks and they must have a pass and permission from their teacher ahead of time
 - Student athletes are responsible for the work they missed while receiving treatment from the athletic trainer.
- Pregame and practice treatment 3:00pm-4:00pm
 - Away games/competitions
 - Off site practices
 - On site practices
 - On site games or competitions
 - New injury evaluations
- Practice coverage: 4:00-7:00pm
- Game coverage: 4:00-end of event

Practice and Game Coverage:

On school days the athletic trainer's hours are from 1pm until the conclusion of the last game/match/meet on campus. During weekends and holidays the athletic trainer is only required to be on site during games/matches/meets on campus. There will not be athletic training coverage on Sundays unless there is a rescheduled home game or during post season play. If coaches seek athletic training coverage on Sundays for scrimmages or practices they are responsible for coverage.

The athletic trainer is responsible for all events taking place on campus. Off-site event coverage will take place when there are no events taking place on the Nauset Regional High School Campus.

Games that will require an athletic trainer to be present for competition as mandated by the state: all football contests (varsity, JV, and freshmen), varsity boys' and girls' ice hockey, and wrestling. Games that require athletic trainer present for coverage as determined by Nauset Regional High School: boys' and girls' soccer, boys' and girls' basketball, and boys' and girls' lacrosse.

Collegiate Athletic Training Students:

Athletic training students (SATs) affiliated with a college or university may assist the athletic trainer at Nauset. All SATs will work directly under the athletic trainer and may not make return to play decisions. They will assist in the day to day maintenance of the athletic training room, daily evaluations, treatments, and rehabilitations of athletes as well as game preparation and breakdown. SATs can carry out emergency care protocols as trained first responders. There must be an affiliation agreement with Nauset Regional High School and the SATs' college or university prior to working in the athletic training room. Collegiate student athletic trainers will be evaluated half way through their experience and again at the completion or as their college or university requires.

High School Athletic Training Student Aids:

High school students may partake in the athletic training education program at Nauset. Those students participating in the program must complete observation hours in the athletic training room. They must be under direct supervision of the athletic trainer at Nauset. All athletic training student aids must undergo CPR/AED/First Aid and Epinephrine Auto Injector Training. Athletic training student aids' daily duties include:

- Pregame and practice preparation of water, ice, and medical kits
- Field set up of water, ice, medical kits
- Postgame breakdown of water, ice, and medical kits
- Athletic training room maintenance: wiping down treatment benches, cleaning of whirlpools, sweeping and vacuuming
- Assist with treatment and rehabilitation protocols of athletes as directed by the athletic trainer and under the direct supervision of the athletic trainer
- Assist with taping/bracing techniques once the skill is mastered in the classroom setting and under the direct supervision of the athletic trainer
- Stocking of supplies in medical cabinet, athletic training kit on golf cart, and team medical kits
- Getting the golf cart out of shed and putting it away

Team Physician:

The school certified athletic trainer will work directly under the team physician to carry out the protocols set forth by Nauset Regional High School. When a student athlete is suffering from a moderate to severe athletic injury the team physician will be notified through Partner's Health Care Secure email or by phone. The team physician will assist in setting up appropriate treatment and referrals for said student athlete. The team physician will be notified when any student athlete suffers from a potential head injury and monitor the case from beginning to end. The team physician will review ImPACT Baseline and Post Injury testing and instruct the athletic trainer on safe return to play protocols that are sport, age, gender specific. The team physician will also see student athletes' suffering from moderate to severe orthopedic injuries as well as head injuries through referral from the school certified athletic trainer and or athletes' primary care physicians. Please see attached team physician agreement.

Team Physician Agreement

As a Team Physician for Nauset Regional High School Dr. Andrew Judelson of Spaulding Rehabilitation will provide the following services:

1. Phone and email contact with the certified athletic trainer, Michele Pavlu, following moderate to severe athletic injuries; such as concussions, ligament/muscular tears, and fractures.
2. Overseeing of ImPACT neurocognitive baseline testing of student athletes at Nauset Regional High School in regards to concussion management.
3. Review medical documentation, academic progress, grades, and ImPACT neurocognitive testing of student athletes at Nauset Regional High School following both athletic and non-athletic head injuries.
4. Review medical documentation, imaging, and films of student athletes at Nauset Regional High School following both athletic and non-athletic orthopedic injuries.
5. Assist with return to play guidelines for concussions and orthopedic injuries
6. If an office visit is necessary, payment of services will be taken care of by the student athlete's primary health insurance first before submitting claim to school accidental health insurance
7. The office of Dr. Andrew Judelson will be responsible for assisting with the health insurance referral process.
- 8. Nauset Regional High School is not responsible financially for payment of office visits.**
9. School health insurance is not required to participate in sports but it is a recommendation to help defray the costs of accidental medical care.
10. Nauset Regional High School assumes responsibility for the payment and ordering of ImPACT Neurocognitive Testing Software.

Parents are encouraged to attend office visits with their son or daughter during the evaluation and the treatment process of any athletic injury. Questions, comments and concerns regarding office visits, physical therapy treatments, and return to play protocols should be directed to Michele M. Pavlu, prior to contacting Dr. Andrew Judelson at Spaulding.

Michele M. Pavlu ATC, LAT, CSCS
Head Athletic Trainer, Nauset Regional High School

Date

Chris Elsasser
Principal, Nauset Regional High School

Date

Dr. Andrew Judelson
Physiatrist, Spaulding Rehabilitation

Date



Nauset Regional High School Athletic Training

Standing Orders

This serves as the Standing Physician Orders for Nauset Regional High School (NRHS) Athletic Trainer. The NRHS Athletic Trainer works under the direction of team physician Dr. Andrew Judelson of Spaulding Cape Cod. The Athletic Trainer is certified as such through the BOC and is licensed as an allied health professional through the State of Massachusetts and must practice in accordance with federal laws and state practice acts. Working under the direction of the team physician, the Athletic Trainer will evaluate, treat, and perform rehabilitation on athletes within the Nauset Regional School District. This includes, but is not limited to the following:

1. Evaluate and initiate first level care on all injuries.
2. Carry out emergency protocols which may involve but are not limited to: CPR & AED use, EpiPen use, suspected spinal cord trauma, and head injuries.
3. Carry out appropriate rehabilitative and treatment measures to minor injuries that do not require physician referral that decrease pain, increase range of motion, strength, and agility using modalities such as cryotherapy, thermotherapy, manual, chemical, and electrical therapy.
4. Clear the athlete to return to partial and/or full activities as they progress through the treatment and rehabilitation process.
5. **HEAD INJURIES:** All cases of unconsciousness, memory loss, or when concussion signs and symptoms last longer than 48 hours must be evaluated by a physician. NRHS and MIAA policies and procedures should be followed for treatment of concussions which includes transportation to the nearest hospital if any of following signs and symptoms are present: prolonged period of loss of consciousness, focal neurological deficit, repetitive vomiting, persistently diminished or worsening mental status or other neurological signs or symptoms, and potential spine injury.
6. **SPINAL CORD INJURY:** proper emergency protocols should be followed in conjunction with local EMS providers for transportation. The Cape Cod Region no longer utilizes the spine boarding technique for transportation following potential spinal cord injury. All athletic equipment must be removed prior to transport, inline stabilization should be held as patient is collared and transported utilizing scoop stretcher.
7. **ORTHOPEDIC INJURIES:** Suspected fractures and dislocations are to be immobilized and referred appropriate medical facility, ie: local Emergency Departments, Urgent Care Centers, and either team and/or league physician. Transportation by EMS may also be necessary
8. **INTERNAL INJURY:** Evaluate, treat and refer to a physician as indicated.
9. **GENERAL MEDICAL CONDITIONS:** evaluate, treat, and refer to a physician as indicated.
10. **MEDICATION:** can carry and disseminate over the counter medications as directed on the packaging, this includes but is not limited to Ibuprofen, Aspirin, Acetaminophen, and Tums (calcium carbonate).
11. **EPIPEN:** The athletic trainer may administer an EpiPen to anyone during a practice or game that is having an anaphylactic reaction. This includes those who have been identified to be allergic to insects, food, and/or medications. Those patients who have been identified must carry their own EpiPens with them at all times.

PHYSICIAN NAME

PHYSICIAN SIGNATURE

DATE

ATHLETIC TRAINER NAME

ATHLETIC TRAINER SIGNATURE

DATE

ATHLETIC DIRECTOR NAME

ATHLETIC DIRECTOR SIGNATURE

DATE

Emergency Action Plan:

Review of the emergency action plan will take place prior to the start of each school year. Coaches are educated on the updates and the emergency action plan at the start of each season at the mandatory coaches meeting as well as during their CPR/AED recertification course which they are to maintain every two years.

Emergency Personnel:

- Certified Athletic Trainers
- Emergency Medical Technicians
- Athletic Training Student Aides
- Collegiate Student Athletic Trainers
- Coaches
- Athletic Director

***All emergency personnel should be certified in CPR/AED and First Aid.**

Emergency Communication:

- Athletic Trainer: Michele M. Pavlu, ATC, LAT, CSCS
Work Cell: 774-353-7205
Personal Cell: 603-661-9004
Office: 508-619-5181
- Athletic Director: John Mattson
Cell: 774-722-2795
Office: 508-619-5209
- EMS: 911
- Eastham Police Department: 508-255-0551
- Eastham Fire Department: 508-255-2324

*These numbers should be programmed into your cell phones in case of an emergency

*There is an on duty police officer at all varsity football games

*There is an EMT on duty at all varsity boys' and girl's ice hockey games

*There is a phone located in Athletic Trainer's office

Game and Practice Safety:

- Coaches must keep medical history and consent forms regarding student athletes with them at all times (this includes practices, games, and competitions)
- Medical kit, ice chest, and cell phones are required at practices, games, and competitions, even if the certified athletic trainer is present.
- Medical kits, ice chests, water jugs, and bottles will be kept in athletic training room and picked up by student athletes every day after school and returned following practices, games, and competitions to the athletic training room.
- Athletic trainer's number can be found on the inside cover of all medical kits
- During an away game, follow the recommendations of the host certified athletic trainer or medical personnel; if neither is present, do not let a student athlete participate if not functional, and provide care without further injuring the student athlete
- If mouth-guards are required for your sport, they should be worn during games and practices
- Equipment for sports should be checked periodically, and replaced if broken. Equipment should not be used if broken, cracked or outfitted with aftermarket pads or covers. See below for teams who must check equipment weekly throughout the season:
 - o Football helmets, shoulder pads, and girdles
 - o Ice Hockey helmets, shoulder pads, shin guards, skates, and gloves

- Lacrosse helmets, shoulder pads, gloves, goalie chest protectors
- Field Hockey goalkeeper pads and helmets
- Softball and baseball batting helmets, Softball infield facemasks
- Softball and baseball catcher's mask, helmet, chest protector and knee/shin pads

Emergency Action Plan for On Site Athletics:

1. Awareness of emergency by ATC, Coach, and/or Athlete

2. Access to emergency equipment:

- Indoor Access to AED's (automated external defibrillators): gymnasium lobby, between the cafeteria and auditorium, B building lobby.
- Outdoor Access to AED's (August 15th-November 1st & March 15th-June 15th): Shed directly in front of the stadium field to the left of the door
- Outdoor AED's will be checked daily by the certified athletic trainer during the fall and the spring seasons
- An AED is also located in the Athletic Training Office. The certified athletic trainer will carry this on golf cart in the spring and the fall and to away/off site events.
- Epipens are located in the medical kit of the athletic trainer and in the first drawer of the athletic training room grey cabinets (drawer is labelled)
- All students requiring Epipens must carry theirs with them in a bag outside or in the gymnasium or facility they are practicing in, they cannot be left in the locker rooms.
- Inhalers for student athletes must be with them at all times, student athletes CANNOT share inhalers
- In the event of an emergency please send an assistant coach, non-injured or ill student athlete, or athletic director to retrieve the AED and any necessary medical equipment

3. Define the severity of injury/emergency by:

- Checking Level of Consciousness
 - If athlete is unconscious always suspect, head, neck or spine trauma
- Checking Airway, Breathing, Circulation (ABC's)
- Call Athletic Trainer immediately if one of the following:
 - Absent ABC's
 - Difficulty breathing
 - Severe asthma attack
 - Uncontrollable bleeding
 - Severe allergic reaction (Epipen located in the athletic training room)
 - Unconscious or altered Level of Consciousness (LOC)
 - Neck pain, burning, tingling, numbness, weakness, or no feeling in extremities (do not move athlete if these symptoms coincide with each other)
 - Severe fracture
 - Signs of shock: altered mental status, pale, cool, moist skin, nausea, rapid weak pulse

4. When Athletic Trainer is not present, Activate EMS if one of the above is present by Dialing 911:

- Remain Calm
- Tell your name, your location, and phone number you can be reached at
- Tell them the injury, student athlete's condition, and the first aid that is being given
- Stay on line with 911 till they tell you to hang up and that EMS is on its way

5. Direction of EMS:

- A coach, student athletic training aid, athlete, or the athletic director should meet EMT's at gate to athletic fields to guide them where to go. The injured athlete should never be left alone.
- Athletic trainer must stay with injured athlete at all times if present
- Access to Tennis Courts, Track, JV Softball Field, Football/Lacrosse Practice Field
- Access to Stadium, Varsity Softball Field, Varsity and JV Baseball Fields use gate next to concession stand.
- The gate directly to the right of the ticket booth can also be used for immediate access to the Stadium Field
- The EMT's transporting the athlete should be given the athlete's medical information handout and debriefed on the injury

6. Following Transportation of Athlete:

- Parents should be notified either by phone or in person
- Athletic Trainer notified if not present by phone, text, or email
- A school accident report should be filed with the Athletic Trainer or School Nurse

Plan/Information for Off Site Venues:

- *Charles Moore Arena; 23 O'Connor Road, Orleans (Boys' & Girls' Ice Hockey):*
 - o Medical equipment: AED located in main lobby, team medical kits on bench, backboard skating locker room
 - o Activate EMS by dialing 911 during practices and JV games
 - o An EMT is onsite for all varsity boys' and girls' games, coaches should follow emergency action plan set in place by the rink and EMT's on site
 - o When athletic trainer is present at games, athletic trainer and EMT will work together to provide medical care to all student athletes, home and away team. EMT's cannot make return to play decisions for athletic injuries
- *Willy's Gym; 4730 State Highway, Eastham (Boys' and Girls' Swimming)*
 - o Medical equipment: Medical kit and AED located at front desk in main entrance of Willy's Gym, backboard and bouys located on pool deck
 - o Coaches must have cell phones on pool deck to contact EMS
 - o Willy's Gym does not provide lifeguarding services
- *Eldredge Park; 78 Eldridge Park Way, Orleans (Baseball)*
 - o Medical equipment: Team medical kit in dugout, AED is located in the press box behind the backstop from April 15th-August 15th. AED's are also located in the gymnasium lobby at Nauset Regional Middle School or the Orleans Police Department across street.
 - o Emergency access: the outfield will be accessed through the gate in the away team bullpen, the dugouts and infield are accessed by the path directly behind the "Bird's Nest" press box
- *Captain's Golf Course; 1000 Freeman's Way, Brewster (Varsity Boys' & Girls' Golf)*
 - o Medical Equipment: AED is located in the clubhouse between the ladies' and men's locker rooms, team medical kit is kept with the coach during all practices and matches
 - o Thunder and Lightning safety: All coaches and student athletes will have their cell phones with them at all times. Coaches will monitor weather conditions and notify the

- golfers via text message to head into clubhouse immediately. Coaches will double text the golfers as they should not have their cell phones out during matches or practices to signify that it is important and to pull out their phones.
 - Golfers will notify coaches of a potential emergency by cell phone if not in immediate area, coaches will respond and activate EMS if needed
- *Chequessett Golf Course; 680 Chequessett Neck Road, Wellfleet (JV Boys' Golf)*
 - Emergency Equipment: AED and First Aid kit are located in the main clubhouse
 - Thunder Lightning safety: All coaches and student athletes will have their cell phones with them at all times. Coaches will monitor weather conditions and notify the golfers via text message to head into clubhouse immediately. Coaches will double text the golfers as they should not have their cell phones out during matches or practices to signify that it is important and to pull out their phones.
- *Orleans Town Cove & Yacht Club; 39 Cove Road, Orleans (Sailing)*
 - Medical Equipment: AED is located in the yacht club directly outside kitchen door, medical kits are kept in each of the coaches boat (one provided by school, the other provided by yacht club)
 - Emergency Access: Coaches keep cell phones on them at all times but first priority is to handle the emergency on the water, 911 will be called when it is safe to do so, or by a student athlete directed by the coach

Following an Emergency or Injury:

- Follow-up with the Athletic Trainer is necessary for all injuries that occur
- Athletes are not permitted to return to activity if seen by a Doctor without a note or medical release, a note from the parent or guardian is not acceptable
- Athletes suffering from any concussion signs and symptoms must be removed from practices/competitions that day even if the athletic trainer is not present
- Those athletes returning to play following a head injury must complete a gradual return to play as stated in the concussion policies and procedures and be cleared by either the team physician, primary care physician, nurse practitioner, physician assistant, or athletic trainer working under the direction of the team physician (per Massachusetts State Law)
- An EMT or School Nurse cannot rule out a concussion or clear an athlete to return to play following a concussion

Concussion Policies and Procedures:

Head injuries and concussion protocols were outlined below with review by the certified athletic trainer, athletic director, team physician, school nurse, administration, and guidance counselors.

Concussion Definition

- A direct or indirect blow to the head following a collision, fall, or accident which results in disruption of normal brain activity.
- The disruption of brain activity occurs
- Disruption cannot be picked up on CT scan or MRI
- Usually subsides over time if treated properly
- You do not need to black out or lose consciousness to sustain a concussion
- Adolescents and children take longer to heal than adults, at least 10-14 days following initial injury¹
- Returning to vigorous academic activity can cause symptoms to worsen and neurological dysfunction to last longer
- Research shows that student athletes may have cognitive impairment even after physical and emotional signs and symptoms subside
- Returning to athletic and academic activity too soon following a concussion may cause Post Concussion Syndrome to occur*
- Returning to contact athletic activity and suffering another blow to the head can result in Second Impact Syndrome**, severe irreversible brain damage, or death

Signs and Symptoms of a Concussion:

Concussions are not visible to the outside eye like contusions, sprains, or fractures, medical professionals rely on student athletes, parents, coaches, and teachers to report changes in signs, symptoms, and overall demeanor following potential head trauma.

- | | |
|---------------------------------------|--|
| - Headaches | - Difficulty concentrating & remembering |
| - Dizziness | - Spacing out or difficulty focusing on remedial tasks |
| - Nausea | - Irritability and mood swings |
| - Sensitivity to light and noise | - Disruption of sleeping patterns |
| - Ringing in ears or hearing deficits | - Abnormal eating habits or poor appetite |
| - Blurred vision or seeing spots | |

***Post Concussion Syndrome:** Residual concussion symptoms that persist for more than three months following initial head trauma.²

****Second Impact Syndrome:** a second concussion occurs prior to the brain healing from the first concussion or head trauma, this can lead to brain swelling and increased pressure on brain, from disruption of blood supply and damage to blood vessels.²

Head Injury and Concussion Protocol:

1. Recognition of a head injury or suspected concussion by certified athletic trainer, school nurse, coaches, students, athletic director, parents, or teacher (if recognition occurs by a parent they must complete a report of head injury form and submit to athletic trainer and/or school nurse)
2. Removal from all activity following recognition (including physical education class, extracurricular athletics, lifting, and music/band classes)
3. Complete athletic training or school nurse evaluation
4. Referral to physician (team physician or students' primary care physician) if concussion signs and symptoms persist for more than 48 hours. Referral will also occur if ImPACT post injury testing scores are below normal values.
5. Removal from school if symptoms are moderate to severe
6. Complete ImPACT Neurocognitive testing when appropriate
7. Team physician will review ImPACT Neurocognitive scores and athletic training/school nurse notes and suggest treatment protocol
8. Academic modifications are made through guidance department based on physicians, athletic trainers, or school nurses recommendations.
9. Complete athletic training evaluations 1-2x per week depending on severity of symptoms and treating physician recommendations
10. Gradually return to school work based on team/treating physicians recommendations
11. Teachers have the right to hold students accountable for the work they have missed while recovering from their head injury. A plan will be developed with the student, guidance, parents, and the teachers for a reasonable timetable for completion.
12. Once student athlete has returned to school day with out modifications and is symptom free for at least 48 hours, a re-evaluation and follow-up ImPACT test will be administered; ImPACT testing will only be completed 1x per week or as designated by treating physician. *If it is found that a student athlete has cheated on a post injury ImPACT test they will not be allowed to retest for at least one week and not be allowed to return to full activity until retest is completed. Said information will also be reported to school administration and the student athlete's guidance counselor.*
13. Students still suffering from concussion signs and symptoms may begin light non contact activity during physical education classes, after school, or at home if deemed appropriate by treating physician.
14. If cognitive function through ImPACT testing improves (reviewed by team physician), signs and symptoms have resolved (at least 48 hours symptom free), balance testing and neurological screening has improved, a student athlete may begin gradual reentry into activity with certified athletic trainer per team/treating physicians recommendations.

*** Not all concussions are the same and will be treated on a case by case basis. The gradual reentry into athletics will be personal in nature and specific to the injured student athlete and their sport. The gradual reentry will be supervised by certified athletic trainer under the direction of team or treating physician. All student athletes must complete the following:**

- **Two days of non-contact activity with the athletic trainer at Nauset**
- **One day of non-contact team training, sports specific activity, and conditioning**

- **One day of full contact practice activity prior to returning to game/competitions/scrimmages**
- **Those student athletes who have signs and symptoms of concussion that persist for more than the 3-5 days, will have a longer return to activity progression.**

***Final return to full activity/athletics following a head injury or concussion is a multidisciplinary approach involving the team or treating physician*, certified athletic trainer, and school nurse. Students who have suffered from a concussion or suspected head injury must have team or treating physician fill out a “Medical Clearance Authorization Form” or equivalent and submit to school certified athletic trainer or nurse prior to return to activity (see form in index section).**

***If a student suffers a head injury or concussion throughout the year, but not while participating in an extracurricular athletic activity, the parent and/or athlete should contact the school nurse and/or athletic trainer and file a “Report of Head Injury Form” (see form at the end of this document**

***Those athletes that suffer a head injury outside of extracurricular athletic activity must be seen by their physician first prior to treatment by the athletic trainer at Nauset.**

Responsibilities of Athletic Trainer:

1. Completion of concussion education program
2. Assist students, parents, coaches, and school personnel with concussion education program through the CDC or the NFHS
3. Review of student athletes’ pre-participation medical history and clearance forms
4. Recognition of a students’ head injury or concussion based on signs and symptoms
5. Complete athletic training evaluation involving, physical signs & symptoms, neurological screening, and cognitive tests and make following decisions:
 - a. Activation of Emergency Medical Services
 - b. Referral to Team Physician/Primary Care Physician
 - c. Treatment by Certified Athletic Trainer or School Nurse under the direction of team physician
6. Parental notification and education on students injury and status
7. Removal from all activity that day
8. Update google database with student’s current status and diagnosis, notify guidance and school nurses of updates.
9. Complete athletic training or school nurse evaluation upon student returning to school
10. Make academic modifications based on athletic training evaluation and ImPACT Neurocognitive Testing under the direction of team physician
11. Assist Guidance Counselors, School Nurses, and Teachers to develop a graduated plan for return to academics based on the student’s specific needs.
12. Referral to Team Physician if moderate concussion signs and symptoms persist for longer than 2-3 weeks

13. Remain in contact with team/treating physician*, School Nurse, Parents, Coaches, and Guidance Counselor, throughout the concussion recovery period
14. Monitor gradual return to activity protocol under the direction of team/treating physician

Responsibilities of School Nurse:

1. Completion of concussion education program
2. Review of pre-participation physical examinations submitted by student
3. Complete school nurse evaluation for students suffering from a head injury that do not participate in extracurricular athletics.
4. Update google database with student's current status and diagnosis, notify guidance and athletic trainer of updates.
5. Work with guidance counselors, athletic trainer to complete a return to learn and concussion recovery plan
6. Administer post injury ImPACT testing based on athletic training, team/treating physician direction
7. Monitor student throughout the school day
8. Follow up/education of parent regarding students condition during the school day
9. Maintain communication with Certified Athletic Trainer regarding care of students during the day

Responsibilities of Student:

1. Completion of concussion education program by attending Nauset Preseason Athletic Meetings or by reviewing and completing material online at the CDC* and NFHS* websites listed,
*if online testing is completed through
http://www.cdc.gov/concussion/HeadsUp/online_training.html or www.NFHSLearn.com parents must keep a certificate of completion for their records
2. Limit the use of electronic devices such as televisions, computers, cell phones, iPads, and video games
3. Follow up with school nurse or athletic trainer upon returning to school
4. Meet with guidance counselor following evaluation by school nurse or athletic trainer
5. Follow return to learn/recovery plan developed by treating physician, guidance counselor, school nurse and athletic trainer
6. Complete follow up evaluations/ImPACT testing with school nurse and athletic trainer as directed
7. Communicate with teachers throughout the recovery process
8. Complete gradual return to activity protocol with athletic trainer as directed by treating physician

Responsibilities of Athletic Director:

1. Completion of concussion education program
2. Ensure completion of concussion education by Certified Athletic Trainer, Coaches, Strength and Conditioning Coaches, Volunteers, Parents, and Student Athletes

3. Ensure that all student athletes submit a pre-participation physical exam yearly and medical history and clearance forms prior to participation in extracurricular athletic activity
4. Ensure "Report of Head Injury Forms" is completed by parent following a non-school related concussion during their competitive school athletic season. Those reports must be reviewed by the Certified Athletic Trainer with direction from Team Physician.
5. Ensure school accident reports are filed with the certified athletic trainer following head injury or concussion.

Responsibilities of Coach:

1. Completion of concussion education program
2. Recognition of head injury or concussion based on signs and symptoms
3. Removal from all activity that day (and no return to activity until cleared by athletic trainer or treating physician)
4. Certified Athletic Trainer notification
 - a. If a certified athletic trainer is not present or on site refer to primary care physician/emergency room depending on severity of signs and symptoms
 - b. Contact Certified Athletic Trainer or School Nurse to inform of injury and action taken
5. Parental communication by phone or in person
6. Student athlete informed to report to Certified Athletic Trainer or School Nurse upon returning to school
7. Coaches must fill out school accident report on all head injuries or concussions

Responsibilities of Guidance Counselor:

1. Maintain communication with Certified Athletic Trainer and School Nurse following disclosure of student athlete's head injury or concussion
2. Meet with student athlete suffering from concussion upon returning to school to assist with classroom modifications, transition to academics, and advocacy for injured student athlete
3. Development of a temporary 504 plan depending on team/treating physician evaluation
4. Monitor student athlete's academic modifications and progress following head injury or concussion
5. Referrals for educational support or tutoring as necessary
6. Maintain communication with parents and teachers regarding student athlete's progress

Responsibilities of Teacher:

1. Make accommodations in school work and home work based on the information given by the student athlete's guidance counselor.
2. Maintain communication with Guidance Counselor, and Parents regarding student athlete's progress in the classroom
3. Contact school nurse and/or athletic trainer with concerns regarding student athlete

4. Modify assignments instead of postponing for the work students have missed while recovering from a concussion
5. If a student has been cleared to return to full academic work allow for increased time to complete missed assignments
6. If close to end of term, give the student a medical incomplete if there is insufficient work to give a grade

Responsibilities of Parent:

1. Completion of concussion education program by attending Nauset Preseason Athletic Meetings or by reviewing and completing material online at the CDC* and NFHS* websites listed,
*if online testing is completed through
http://www.cdc.gov/concussion/HeadsUp/online_training.html or www.NFHSLearn.com parents must keep a certificate of completion for their records
2. Report head injuries to athletic trainer and/or school nurse that occur outside of extracurricular athletic activity through the "Report of Head Injury Form"
3. Support your child and help them to understand their role in reporting signs and symptoms of a head injury or concussion
4. Maintain good communication with Athletic Trainer, School Nurse, Guidance Counselors through email and phone communication after a concussion occurs
5. Reinforce recovery plan with child and support self advocacy to teachers, coaches, and teammates
6. Monitor your child at home; limit electronic use such as television, computer use, video games, and text messaging.
7. Advise and monitor as they progress in return to school and activity. Monitor good eating and sleeping habits which can effect recovery time

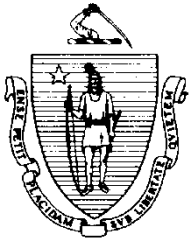
Websites and Links:

1. Center for Disease Control and Prevention: <http://www.cdc.gov/concussion/index.html>
2. Massachusetts Department of Public Health: <http://www.mass.gov/dph/injury>
3. Sports Legacy Institute and Boston University Medical Center:
<http://www.sportslegacy.org>
4. ImPACT Neurocognitive Testing: <http://www.impacttest.com>
5. The National Athletic Trainers Association: <http://www.nata.org>
6. Massachusetts Interscholastic Athletic Association: <http://www.miaa.net>
7. National Federation of State High School Athletic Associations Concussion Course for Parents & Student Athletes: <http://www.nfhslearn.com/>

Resources:

1. Broglio S. What Happens Next? Training and Conditioning Web Site 2010. Available at: <http://training-conditioning.com>. Accessed August 30th, 2010.
2. Hossler P. Upgrading Protocols. Training and Conditioning Web Site 2011. Available at: <http://training-conditioning.com>. Accessed May 1st, 2011.

3. Starkey C, Brown S, Ryan J. *Examination of Orthopedic and Athletic Injuries, 3rd Edition*. Pennsylvania: F.A. Davis Company; 2010.
4. McGrath N. Supporting the Student-Athlete's Return to the Classroom After a Sport-Related Concussion. *J Athl Train*. 2010; 45:492-498.
5. Broglio SP, Ferrara MS, Macciocchi SN, Baumgartner TA, Elliott R. Test-Retest Reliability of Computerized Concussion Programs. *J Athl Train*. 2007; 42:509-514.
6. Brown CN, Guskiewicz KM, Bleiberg J. Test-Athlete Characteristics and Outcome Scores for Computerized Neuropsychological Assessment: A Preliminary Analysis. *J Athl Train*. 2007; 42:515-523.



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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

REPORT OF HEAD INJURY DURING
SPORTS SEASON

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

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

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

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

Date of injury: _____

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

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? yes_____ no_____

If yes, was a concussion diagnosed? yes_____ no_____

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

Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____



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

**POST SPORTS-RELATED HEAD INJURY
MEDICAL CLEARANCE AND
AUTHORIZATION FORM**

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

Date of injury: _____ Nature and extent of injury: _____

Symptoms following injury (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Headaches | <input type="checkbox"/> Light/noise sensitivity |
| <input type="checkbox"/> Dizziness/balance problems | <input type="checkbox"/> Double/blurred vision | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Feeling sluggish/"in a fog" | <input type="checkbox"/> Change in sleep patterns | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Irritability/emotional ups and downs | <input type="checkbox"/> Sad or withdrawn |
| <input type="checkbox"/> Other | | |

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

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

Prior concussions (number, approximate dates): _____

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

Practitioner signature: _____ Date: _____

Print Name: _____

☐ Physician ☐ Licensed Athletic Trainer ☐ Nurse Practitioner ☐ Neuropsychologist ☐ Physician Assistant

License Number: _____

Address: _____ Phone number: _____

Name of Physician providing consultation/coordination/supervision (if not person completing this form; please print): _____

I ATTEST THAT I HAVE RECEIVED CLINICAL TRAINING IN POST-TRAUMATIC HEAD INJURY ASSESSMENT AND MANAGEMENT APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH* OR HAVE RECEIVED EQUIVALENT TRAINING AS PART OF MY LICENSURE OR CONTINUING EDUCATION.

Practitioner's initials: _____

Type of Training: ☐ CDC on-line clinician training ☐ Other MDPH approved Clinical Training ☐ Other

(Describe) _____

* MDPH approved Clinical Training options can be found at: [www.mass.gov/dph/sports concussion](http://www.mass.gov/dph/sports%20concussion)

This form is not complete without the practitioner's verification of such training.