



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 practice and/or competitions if a 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 on step-up day 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
 - 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 Emergency equipment
 - 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 pre-participation physicals and online registrations
 - o Inform coaches of life threatening or pre-existing conditions
 - o Injury & illness recognition
 - o Carryout emergency procedures
 - o Evaluations of orthopedic injuries, concussions, and general medical conditions
 - o Carry out treatment and rehabilitation protocols following diagnosis of injury or illness
 - 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
 - o Modify practice and/or event schedule due to injury, illness, or environmental factors
 - o Oversee that coaches complete proper education and training surrounding concussion management, CPR & AED use, and opioid use and prevention
-

- Coaches:
 - o Recognition of injury and/or illness
 - o Timely reporting injury and/or illness to athletic trainer
 - o Complete annual concussion education course
 - o Complete CPR and AED certification every 2 years
 - o Attend seasonal coaches meeting to review emergency action plan
 - o Assist with carrying out emergency action plan
 - o Documentation of injury and/or illness if athletic trainer is not present at the time of injury
 - o Communication with parents regarding injury and/or illness if athletic trainer is not present
- School Nurses: Karen Farrell RN, BSN and Dian Birch RN, BSN
 - o Injury & illness recognition
 - o Carryout emergency procedures
 - o Assist with concussion monitoring throughout the school day
 - o Communication with athletic trainer regarding changes to student athlete's health during the school day
 - o Proper referral to medical professionals or clinicians for injuries, illnesses, and student athletes in crisis
- Guidance Department: Head of Guidance: Katie Cameron
 - o Assist with communication and academic modifications of student athletes' injuries or illnesses that will hinder the education process. This includes but is not limited to, concussions, fractures, surgeries, mononucleosis, and/or pneumonia
 - o Liaison between student athlete, parents, and teachers
 - o Proper referral for student athletes in crisis
- School Adjustment Counselors: Alicia Couture and Alison McLeod
 - o Communication with athletic trainer regarding social and emotional concerns of student athletes
- Resource Officer: Dan Burnham
 - o 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
 - o Substance Abuse Referrals: Gosnold Center 800-444-1554
 - o Bay Cove Behavioral Health Urgent Care 833-229-2683
 - o National Suicide Prevention Lifeline 800-273-8255 or crisis text line: text HOME to 741-741

Inclement Weather Policies:

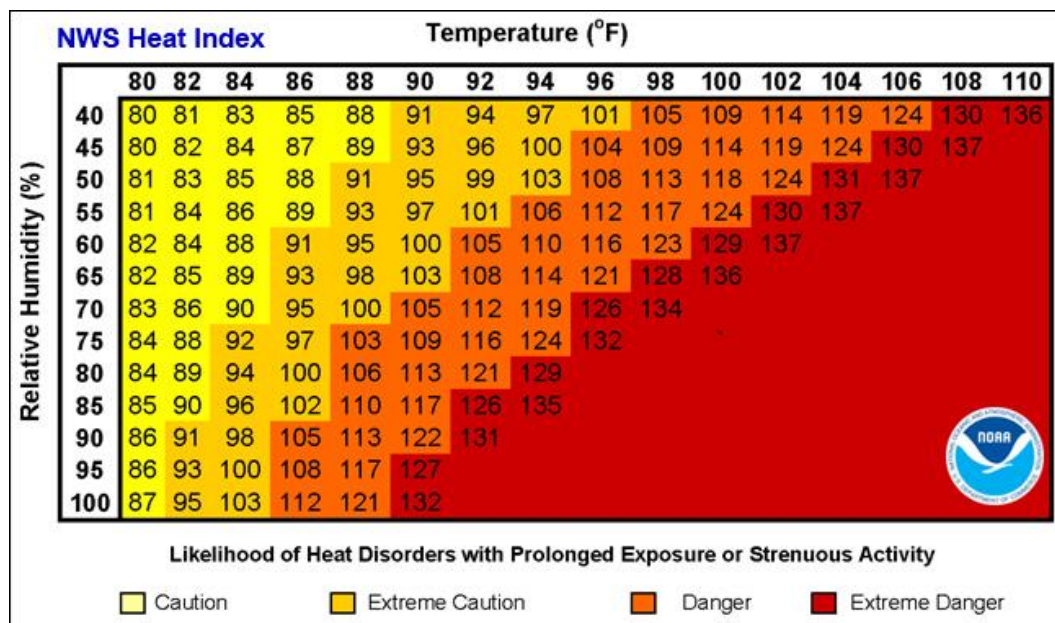
THUNDER/LIGHTNING POLICY:

- 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 Auditorium, cafeteria, personal vehicles and/or school bus.
- 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 |

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| | 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.

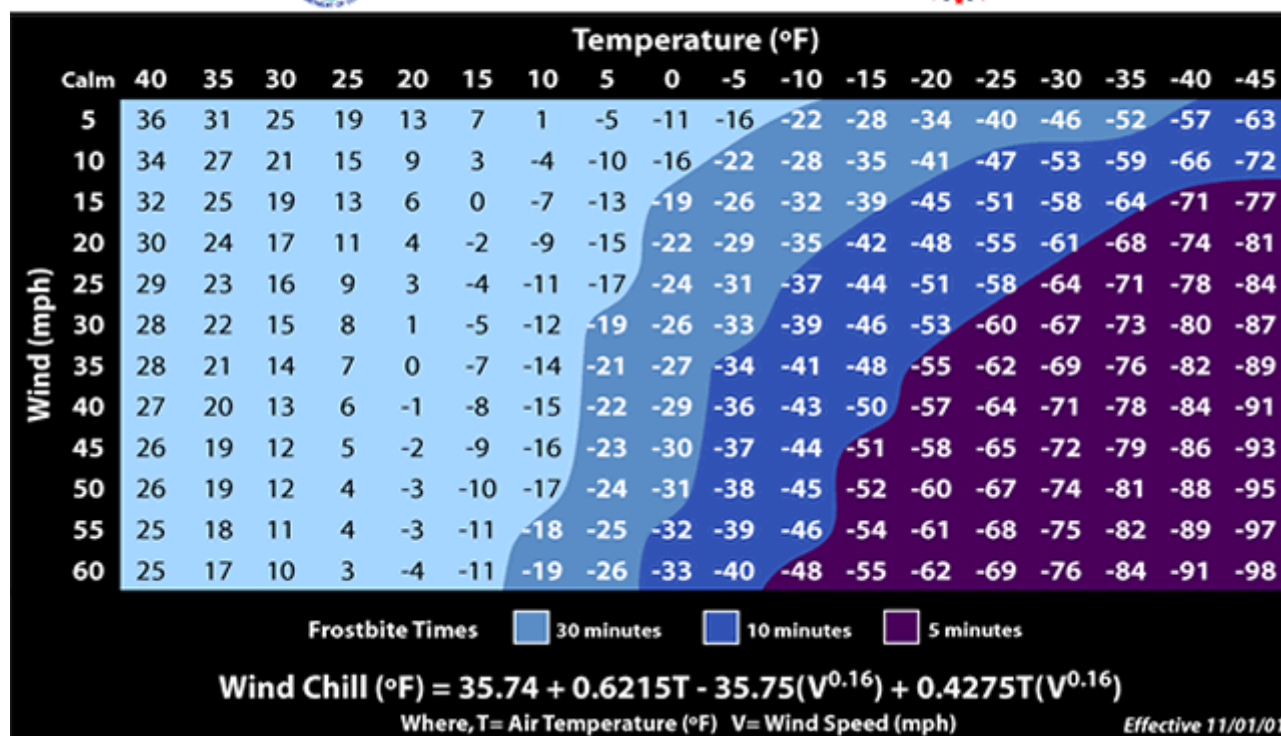
Prevention of Cold Related Injuries:

- 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 wind chill will be monitored by the certified athletic trainer, athletic director, and coach using the chart below. Training regimens, practice, games, and/or competitions may be modified, moved indoors, and/or cancelled in extreme temperatures.



Wind Chill Chart



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:**
 - Dry, waxy skin appearance
 - Edema and/or swelling
 - Burning/tingling sensation
 - White, gray, black, or purple skin
 - Blood blistering
 - Itching skin

- vii. Loss of sensation
 - *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.
 - *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
 - 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
 - ii. Amnesia
 - iii. Decreased respiration rate
 - iv. Slurred speech
 - v. Impaired mental function
 - vi. Dilated pupils
 - vii. Muscle rigidity
 - viii. Coma

COVID-19 Policies

STUDENT ATHLETE RESPONSIBILITIES:

- Complete a self-screen for COVID-19 signs and symptoms prior to coming to campus
- Signs and symptoms of COVID-19 include:
 - **Fever (100.0° Fahrenheit or higher), chills, or shaking chills**
 - **Difficulty breathing or shortness of breath**
 - **New loss of taste or smell**
 - **Muscle aches or body aches**
 - **Cough (not due to other known cause, such as chronic cough)**
 - **Sore throat, when in combination with other symptoms**
 - **Nausea, vomiting, or diarrhea when in combination with other symptoms**
 - **Headache when in combination with other symptoms**
 - **Fatigue, when in combination with other symptoms**
 - **Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms**
- Self-isolate if answered **yes** to any of the COVID-19 signs and symptoms above
- Contact school nurse or athletic trainer if answered yes to any of the above signs and symptoms
- Personal gym bags should include:
 - Hand sanitizer
 - Water bottles
 - Sanitizing wipes
 - Extra facemasks

ATHLETIC TRAINER & SCHOOL NURSE RESPONSIBILITIES:

- COVID-19 education on proper hand and personal hygiene
- Student athletes may be referred to their primary care physician for follow up, alternative diagnosis, or encouraged to complete COVID-19 testing if they are presenting with signs and symptoms of COVID-19
- Inform student athlete's coach of student athlete's absence and plan of care
- Athletic trainer will inform school nurse of any symptomatic students
- Work with athletic director to modify practices and games due to positive COVID-19 cases
- Report to DPH as needed regarding COVID-19 case response

SYMPTOMATIC STUDENT ATHLETE/COACH:

- Any student athlete and/or coach experiencing signs and symptoms while on campus will report to athletic trainer and be isolated and wait for parent or emergency contact pick up
- If student athlete can drive and has a car they will be allowed to leave campus immediately
- Parents will be asked to pick up their child within 30 minutes of phone call
 - o No student athlete experiencing signs and symptoms stated above will be allowed to be driven home by another student or contact not listed as an emergency contact
- Coaches will be asked to leave immediately once coverage of their team is organized
- Those student athletes who present with signs and symptoms above must report to primary care physician and follow their guidance.
- School nurse will be notified by phone of student athletes who present with COVID-19 signs and symptoms after school

POSITIVE COVID-19 CASE:

- If a student athlete and/or coach tests positive for COVID-19 with PCR, molecular, or rapid antigen test they will self-isolate for 5 days' post positive test or signs and symptom onset.
- Student athletes and/or coaches can return to campus on day 6 if fever free for 24 hours without the aid of fever reducing medication, and their signs and symptoms have improved
- Student athletes and/or coaches returning to campus at day 6 must wear a mask until day 10
- Remain home, monitor symptoms, and leave house only to get necessary medical care
- Potential follow up with cardiovascular specialist prior to completing graduated return if moderate to severe COVID-19 signs and symptoms were present
- School nurse will be made aware of the student athletes team/cohort while participating in NRHS athletics

RETURN TO ACTIVITY:

- Return to activity following a positive case will be graduated in nature and will be developed by the athletic trainer in conjunction with primary care/treating physician
- Student athletes can begin gradual return to activity once they clear 5 day isolation, are fever free for 24 hours without the aid of fever reducing medications, and signs and symptoms of COVID-19 have improved
- Student athletes cannot return to full competition until written clearance is received from primary care/treating physician
- Those who experience moderate to severe signs and symptoms due to COVID-19 infection or have been hospitalized due to COVID-19 infection will require a EKG, ECG and/or cardiology consult prior to returning to activity
- At any point throughout the gradual return to play, if a student presents with worsening COVID-19 signs and symptoms or rebound signs and symptoms, return to play will be discontinued and they will be referred to their primary care/treating physician

COVID-19 RETURN TO ACTIVITY STAGES

| Stages | Stage 1 | Stage 2 | Stage 3 | Stage 4 | Stage 5 |
|-------------------|--------------------------------------|---|--|--|--|
| Activity | Walking (can occur during isolation) | walking, light jogging, stationary bike (occurs post isolation) | dynamic warm-up, movement prep, running drills | movement prep, conditioning, team and individual drills (no scrimmaging) | full team training activities (no games) |
| Time | 15 minutes | 30 minutes | 45 minutes | 60 minutes | 90 minutes |
| Heart Rate | 50% Max | <70% Max | <80%max | <80% Max | <80% Max |
| Duration | 2 days post resolution of symptoms | 1 days | 1 day minimum | 1 day minimum | 1 day minimum |

***Student athlete's vitals will be checked periodically throughout the gradual return to activity.**

***Heart rate, and pulse O2 will be checked pre and post activity.**

***Participation in meets, competitions, games cannot occur until at least day 3 or 4 post isolation**



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Nauset Regional High School COVID Return to Play Form

Student Athletes who test positive for COVID-19 must be cleared by an approved healthcare professional through an in person physical examination in order to return to full activity.

Student Name: _____ DOB: ____/____/____ RTP Evaluation Date: ____/____/____

Date of Isolation: Start ____/____/____ End: ____/____/____

Criteria to begin Return to Play Protocol: (Please check all that apply)

____ 5 days have passed since the onset of symptoms & the student has not required fever reducing medicine for 24 hrs

____ Student has been asymptomatic throughout 5 day isolation period

____ Student was not hospitalized due to COVID-19 infection

____ Cardiac screen negative (ALL answers must be NO)

| | |
|--|------------------|
| Chest pain/tightness with exercises | YES ____ NO ____ |
| Unexplained Syncope/near syncope | YES ____ NO ____ |
| Unexplained/excessive dyspnea/fatigue w/exertion | YES ____ NO ____ |
| Heart palpitations | YES ____ NO ____ |
| Shortness of Breath during exam | YES ____ NO ____ |

If any cardiac screening question is positive or if the student was hospitalized, consider a full cardiac workup as appropriate.

____ Student **HAS** satisfied the above criteria and **IS CLEARED** to begin the Return to Play Protocol (w/ Athletic Trainer)

____ Student **HAS** satisfied the above criteria and **IS CLEARED** for **FULL ACTIVITY** (Includes games, meets, competitions)

____ Student **HAS NOT** satisfied the above criteria and **IS NOT CLEARED** to return to play

EXPLAIN: _____

Health Care Provider Information:

Evaluator's Name: _____ Title: _____

Office Phone: _____ Office Fax: _____

Practice Name and Address: _____

Evaluator's Signature: _____ Date: _____

(See reverse page for sample Return to Play Timeline for Nauset High School Student Athletes)

Blood Borne 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 auditorium lobby restrooms, the staff restrooms backstage, and concession stand bathrooms outdoors. Alcohol based hand sanitizer can be found in all team medical kits, and on the counter in the athletic training room
- 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 coaching staff about their 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/guardian
- 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) attached to this document.
- 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
 - COVID-19
 - 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 an 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.

The athletic trainer will file an injury report and insurance claim form with central office for all those students who are referred to medical facilities due to an injury sustained during extracurricular athletics or physical education class. Medical facilities include but are not limited to: emergency rooms, urgent care centers, primary care physicians, team physician, or orthopedic physicians.

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 | - School Adjustment Counselor |
| - Treating Physical Therapists | - Teachers |
| - Treating Chiropractors | - School Administration |

Treatment and Rehabilitation:

- Athletic training coverage begins at 1pm daily
- Treatment and evaluation time during the school day will be appointment based
 - 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 block and they 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 will occur between 3:00pm-4:00pm in the following order
 - 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

Treatment Modalities:

The athletic trainer may complete the following treatments as needed following an injury to assist with the healing process:

- | | |
|--|-------------------|
| - Instrument assisted soft tissue mobilization | - Cold packs |
| - Electrical stimulation/TENS | - Ice cup massage |
| - Moist heat packs | - Ultrasound |

Medications:

The athletic trainer will no longer be allowed to disseminate over the counter medication without a written prescription from a treating and/or the team physician for a specific injury or illness. Over the counter medication will be given with the permission of the school nurse as their designee. The athletic trainer will keep the following medications locked up in the athletic training room: Ibuprofen, 200mg tabs, Acetaminophen, 500mg tabs, Tums, and Benadryl. In the event that a student athlete requires over the counter medication after school, a parent or guardian must be on site for the AT to administer.

The athletic trainer will also keep an epinephrine auto injector and naloxone nasal spray in a designated location in the athletic training room as well as carry one dose of each in the athletic training medical kit.

Practice and Game Coverage:

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

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 MIAA: all levels of home football contests, varsity away football contests, varsity boys' and girls' ice hockey, and all home wrestling matches. Games that require athletic trainer present for coverage as determined by Nauset Regional High School: boys' and girls' soccer, boys' and girls' basketball, JV boys' and girls' ice hockey, 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 under direct supervision of the athletic trainer. They will assist in the day to day maintenance of the athletic training room, daily evaluations, treatments, and rehabilitations of student athletes as well as game preparation and breakdown. SATs can carry out emergency care protocols within their level of training. 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 as determined by their college/university affiliation agreement.

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, Epinephrine Auto Injector, and Naloxone Training. Athletic training student aids' daily duties include:

- Pregame & practice preparation of water, ice, and 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 rehabilitation protocols of athletes under direct supervision of the athletic trainer
- Assist with taping/bracing techniques once the skill is mastered in the classroom setting 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 by phone and/or email. 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 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

Patrick Clark
Principal, Nauset Regional High School

Date

Dr. Andrew Judelson
Physiatrist, Spaulding Rehabilitation

Date

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 over the counter medications but cannot disseminate unless parent is present on campus or school nurse delegates to the athletic trainer. The athletic trainer can only disseminate as directed on the packaging or per physician orders. This includes: Ibuprofen, Aspirin, Acetaminophen, Benadryl, and Tums (calcium carbonate).
11. **EPIPEN:** The athletic trainer may administer an Epinephrine Auto Injector 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 Epinephrine Auto Injector with them at all times.
12. **NARCAN:** can carry and administer Narcan nasal spray to anyone that is presenting with signs and symptoms consistent with an opioid overdose during a Nauset Regional High School Event. This includes but is not limited to, athletes, coaches, officials, Nauset Regional High School staff, and spectators.
13. **COVID-19:** Complete COVID-19 testing utilizing rapid antigen testing kits for symptomatic students in conjunction with nursing staff. Complete gradual return to play protocols under direction of team or treating physician.

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
- School Resource Officer
- School Nurse
- 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
- School Nurse: Karen Farrell
Office: 508-619-5270
- EMS: 911
- Eastham Police Department: 508-255-0551
- Eastham Fire Department: 508-255-2324

*These numbers should be programmed into coaches' 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 land line phone located in athletic training room (athletic training room can be accessed by entering auditorium lobby and going to left)

Game and Practice Safety:

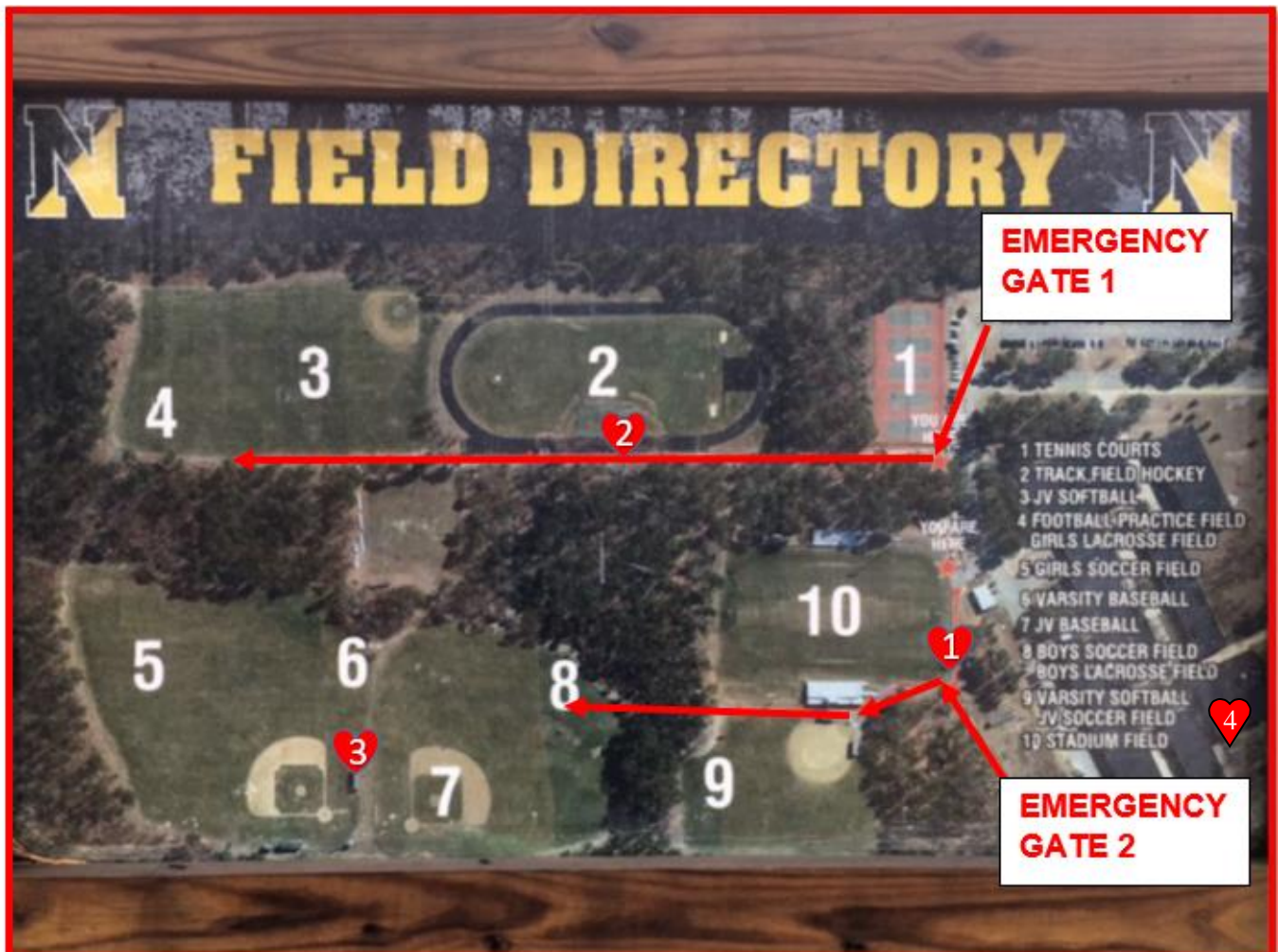
- Coaches must keep medical history and consent forms regarding student athletes with them at all times (this includes practices, games, and competitions)
- Medical kit, ice chest, and cell phones are required at practices, games, and competitions, even if the certified athletic trainer is present.
- 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 in the lobby behind the athletic training room and returned following practices, games, and competitions to the same location
- Athletic trainer's cell phone number can be found on the inside cover of all medical kits
- During an away game, follow the recommendations of the on-site athletic trainer or medical personnel; if neither is present, do not let a student athlete participate if not functional, and coaches should provide care within their level of training without causing further harm to the student athlete

- 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.
- Nauset Regional High School provides equipment for the following sports:
 - o Football helmets, shoulder pads, girdles
 - o Boys' Lacrosse helmets
 - o Boys' and girls' lacrosse goalkeeper equipment
 - o Field hockey goalkeeper equipment
 - o Softball and baseball catchers gear
- See below 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
 - o Lacrosse helmets, shoulder pads, gloves, goalie chest protectors
 - o Field Hockey goalkeeper pads and helmets
 - o Softball and baseball batting helmets, Softball infield facemasks
 - o Softball and baseball catcher's mask, helmet, chest protector and knee/shin pads

Access to Emergency Equipment

- **Athletic training room is temporarily located in the former art gallery to the left of the auditorium**
 - o Emergency Access Points:
 - Enter through path between B building and A Building, go through auditorium main entrance and to the left
 - If unable to access main entrance of auditorium, enter through backside of campus through doors 26 & 27. Once through take immediate left into door 30 to enter back of athletic training room
- **Indoor Access to automated external defibrillators (AEDs):**
 - o Modular Building – Main Office Area
 - o Modular Building – Classroom Area
 - o Auditorium lobby
 - o B Building lobby
 - o (4) Athletic Training Room: athletic trainer will carry this on golf cart in the spring and the fall and to away/off site events.
- **Outdoor Access to AED's:**
 - o (1) Stadium Concession Stand on left side of building (remain outdoors year round)
 - o (2) At the track on maintenance shed near finish line (remain outdoors year round)
 - o (3) Varsity baseball field on away team dugout on left side (August 15th-November 15th & March 15th-June 15th)
- Epinephrine Auto Injectors are located in the medical kit of the athletic trainer and in second drawer of black athletic training cart in athletic training room (labeled by sign)
- All students requiring Epinephrine Auto Injectors must carry theirs with them in a bag outside or in the gymnasium or facility they are practicing in. Epipens cannot be left in the locker rooms.
- Naloxone (Narcan) is located in the medical kit of the athletic trainer and in second drawer of the black athletic trainer cart (labeled by sign)
- Inhalers for student athletes must be with them at all times, student athletes CANNOT share inhalers as they are not universal
- 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

Emergency Action Plan for On Site Athletics:



1. Awareness of emergency by ATC, Coach, and/or Athlete
2. Access Emergency Equipment Above
3. Define the severity of injury/emergency by:
 - Checking Level of Consciousness
 - o If athlete is unconscious always suspect, head, neck or spine trauma
 - Check for signs of life: look, listen, feel for no more than 10 seconds
 - Call Athletic Trainer and immediately if one of the following:
 - o Absent ABC's
 - o Difficulty breathing
 - o Severe asthma attack
 - o Uncontrollable bleeding
 - o Severe allergic reaction (Epipen located in the athletic training room)
 - o Unconscious or altered Level of Consciousness (LOC)
 - o Neck pain, burning, tingling, numbness, weakness, or no feeling in extremities (do not move athlete if these symptoms coincide with each other)
 - o Severe fracture
 - o Dislocations or orthopedic deformity
 - o 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:

- AT will review EAP, Emergency Equipment Locations, and Emergency Access points with the Eastham Deputy Fire Chief prior to the start of each athletics season (August, November, & March)
- Emergency personnel should meet EMT's at emergency gates 1 or 2 and 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 will be at the gate next to tennis courts
- Access to Stadium, Varsity Softball Field, Varsity and JV Baseball Fields will use gate next to concession stand through the entrance behind modular classroom building
- The gate directly to the right of the ticket booth will not be accessible during construction
- The EMT's transporting the student 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 prior to transportation
- 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:

- *Nauset Regional Middle School; 70 MA Route 28, Orleans, MA (Boys' and Girls' Basketball during high school construction February 17th- completion)*
 - o Medical equipment: AED located in gymnasium lobby to the right of the gymnasium next to locker room door and in main office lobby on the 2nd floor
 - o Medical kit to be kept in the athletic team room to the right of the gymnasium lobby
 - o Activate EMS by dialing 911 during practices & games
- *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 is located in figure skating storage room
 - o Activate EMS by dialing 911 during practices
 - o An EMT is onsite for all JV and 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)*

- Medical equipment: Medical kit and AED located with coaching staff, backboard and buoys located on pool deck
 - One of the Nauset Regional High School AED's will be given to the swimming coaching staff at the start of each season and returned to the athletic trainer at the end of the season
 - Coaches must have cell phones on pool deck to contact EMS
 - Willy's Gym does not provide lifeguarding services
- *Eldredge Park; 78 Eldredge Park Way, Orleans (Baseball)*
 - Medical equipment: Team medical kit in dugout, AED is located in the "Bird's Nest" press box behind the backstop from April 1st-August 15th. AED's are also located in the gymnasium lobby at Nauset Regional Middle School or the Orleans Police Department across street.
 - AED is provided and maintained by the Orleans Fire Department
 - 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)*
 - 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
 - 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.
- *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 coach's 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 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.
- Loss of consciousness or blacking out may happen but is not required to sustain a concussion
- Adolescents and children take longer to heal than adults, about 10-14 days following initial injury
- 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

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 head trauma. Common symptoms include:

- | | |
|---------------------------------------|--|
| - 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 | |
| - Blurred vision or seeing spots | |

Post-Concussion Syndrome: residual concussion symptoms that persist for more than three months following initial head trauma.

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.

Chronic Traumatic Encephalopathy: when a protein similar to that found in Alzheimer's disease develops on the brain due to repetitive sub concussive or concussive blows, usually presents in middle aged and elderly patients. Can only be diagnosed upon autopsy but trained physicians can determine proper steps needed for treatment based on clinical assessment.

Head Injury and Concussion Protocol:

1. Recognition of a head injury or suspected concussion by 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 which will include post-concussion symptom scale (PCSS), Balance Error Scoring System (BESS), Visual Oculomotor Screening (VOMS) and ImPACT testing when appropriate
4. Referral to physician if concussion signs and symptoms persist for more than 48 hours. Referral will also occur if ImPACT post injury testing scores are below baseline values.
5. Modifications in the classroom will be made and there is the potential for full academic and athletic rest until seen by physician
6. Complete ImPACT Neurocognitive testing when appropriate which will be reviewed by athletic trainer and treating physician in conjunction with team physician
7. Academic modifications are made through guidance department based on physicians', athletic trainers', or school nurses' recommendations.
8. Complete athletic training evaluations check ins weekly depending on severity of symptoms and treating physician recommendations
9. Teachers have the right to hold students accountable for the work they have missed while recovering from their head injury. Throughout the recovery process teachers are asked to modify instead of postponing academic activities. A plan will be developed with the student, guidance, parents, and the teachers for a reasonable timetable for completion.
10. Once a student as returned to school day without 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.
 - a. 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's guidance counselor.
11. 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.
12. Once cognitive function through ImPACT testing improves, signs and symptoms have resolved (at least 48 hours' symptom free), balance testing and neurological screening have improved; a student may begin gradual re-entry into activity with athletic trainer per treating physician's recommendations.

Gradual Return to Activity

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

Concussion Return to Activity Stages

| Stages | Stage 1 | Stage 2 | Stage 3 | Stage 4 | Stage 5 |
|-----------------|---|--|---|---|---|
| Activity | Treadmill walking, jogging, stationary Biking | dynamic warm-up, movement prep, running drills | movement prep, conditioning, team and individual drills without contact, no scrimmaging | movement prep, conditioning, team and individual drills with contact, scrimmaging allowed | full team training activities, competitions allowed |
| Time | 30 minutes | 45 minutes | 60-90 minutes | 90 minutes | 90 minutes |

***Those students who have signs and symptoms of concussion that persist for more than the 3-5 days, will have a longer return to activity progression.**

***Students that show signs and symptoms of concussion during any stage of return to activity, must stop the activity, and cannot progress to the next stage of return until signs and symptoms resolve**

Final return to full activity/athletics following a head injury or concussion is a multidisciplinary approach involving the team and/or treating physician, 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 athletic trainer or school 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 student 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)

Students that suffer a head injury outside of extracurricular athletic activity must be seen by their physician first prior to and evaluation or treatment by the athletic trainer at Nauset.

RESPONSIBILITIES OF THE ATHLETIC TRAINER

- Completion of concussion education program
- Provide the most up to date CDC and DPH concussion information prior to the start of each athletic season at the mandatory parent/athlete/coaches meeting
- Review of student athletes' pre-participation medical history and clearance forms
- Recognition of a students' head injury or concussion based on signs and symptoms
- Complete athletic training evaluation involving, PCSS, BESS, VOMS, and neurological screening, and make following decisions:
 - a. Activation of Emergency Medical Services
 - b. Referral to team physician or primary care physician
 - c. Treatment by athletic trainer and/or school nurse under the direction of team and school physician
- Parental notification and education on student's injury and status
- Removal from all activity that day
- Update google concussion database with student's current status and diagnosis
- Complete athletic training evaluation upon student returning to school
- Make academic modifications based on athletic training evaluation and ImPACT Neurocognitive Testing under the direction of treating physician

- Assist guidance counselors, school nurses, and teachers to develop a graduated academic re-entry plan
- Referral to team physician if concussion signs and symptoms persist for longer than 2-3 weeks without improvement
- Remain in contact with treating physician, school nurses, parents, coaches, and guidance counselor, throughout the concussion recovery period
- Monitor gradual return to activity protocol under the direction of treating physician

RESPONSIBILITIES OF SCHOOL NURSE

- Completion of concussion education program
- Review of pre-participation physical examinations submitted by student
- Complete school nurse evaluation for students suffering from a head injury that do not participate in extracurricular athletics.
- Update google database with student's current status and diagnosis
- Work with guidance counselors and athletic trainer to develop a graduated academic re-entry plan
- Assist with administration of post injury ImPACT testing based on athletic training and treating physician direction
- Monitor student throughout the school day
- Follow up with parent regarding student's condition during the school day
- Maintain communication with athletic trainer regarding care of students during the day

RESPONSIBILITIES OF STUDENT

- 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
 - o 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
- Report head injury/potential concussion to physician, athletic trainer, parent, coach, and/or school nurse
- Limit the use of electronic devices such as televisions, computers, cell phones, iPads, and video games while in recovery following a head injury
- Follow up with school nurse or athletic trainer upon returning to school
- Meet with guidance counselor following evaluation by school nurse or athletic trainer
- Follow graduated re-entry into academics developed by treating physician, guidance counselor, school nurse and athletic trainer
- Complete follow up evaluations/ImPACT testing with school nurse and/or athletic trainer as directed
- Self-advocate with teachers and medical professionals
- Maintain good eating and sleeping habits throughout recovery process
- Complete sub-threshold activity as directed by athletic trainer, school nurse, or treating physician (sub-threshold activities such as daily walking, stationary biking, and swimming can help in the recovery process)
- Attend extra-curricular activities as tolerated to support teammates and peers as long as it does not hinder recovery
- Complete gradual return to activity protocol with athletic trainer as directed by treating physician

RESPONSIBILITIES OF ATHLETIC DIRECTOR

- Completion of concussion education program
- Ensure completion of concussion education by athletic trainer, coaches, strength and conditioning coaches, volunteers, parents, and student athletes

- 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
- 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 athletic trainer in conjunction with treating physician.
- Ensure school accident reports are filed with the athletic trainer following head injury or concussion
- Ensure that coaching staff report head injuries to the athletic trainer and/or school nurse.

RESPONSIBILITIES OF COACHES

- Completion of concussion education program
- Recognition of head injury or concussion based on signs and symptoms
- Removal from all activity that day (and no return to activity until cleared by athletic trainer or treating physician)
- Athletic trainer notification
 - o If an athletic trainer is not present or on site refer to primary care physician/emergency room depending on severity of signs and symptoms
 - o Contact athletic trainer or school nurse to inform of injury and action taken
- Parental communication by phone or in person
- Student athlete informed to report to athletic trainer or school nurse upon returning to school
- File a school accident report with athletic trainer or school nurse for head injuries and/or concussions that occur off site or when athletic trainer is not present

RESPONSIBILITIES OF GUIDANCE COUNSELOR

- Maintain communication with athletic trainer and/or school nurse following disclosure of student’s head injury or concussion
- Meet with student suffering from concussion upon returning to school to assist with classroom modifications, gradual academic re-entry, and advocacy for injured student
- Potential development of a temporary 504 plan depending on treating physician evaluation and return to learn protocol
- Monitor student’s academic modifications and progress following head injury or concussion
- Referrals for educational support or tutoring as necessary
- Maintain communication with parents and teachers regarding student’s progress

RESPONSIBILITIES OF TEACHER

- Make accommodations or modifications in school work and home work based on the information given by the student’s guidance counselor, athletic trainer or school nurse.
- Maintain communication with guidance counselor, and parents regarding student’s progress in the classroom
- Contact school nurse and/or athletic trainer with concerns regarding student
- Modify assignments instead of postponing for the work students have missed while recovering from a concussion
- If a student has been cleared to return to full academic work allow for increased time to complete missed assignments
- If close to end of term, give the student a medical incomplete if there is insufficient work to give a grade

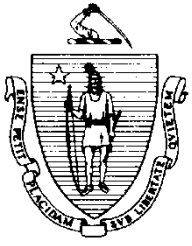
RESPONSIBILITIES OF PARENT

- 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
- Report head injuries to athletic trainer and/or school nurse that occur outside of extracurricular athletic activity through the “Report of Head Injury Form”
- Support your child and help them to understand their role in reporting signs & symptoms of a concussion
- Maintain good communication with athletic trainer, school nurse, guidance counselors through email and phone communication after a concussion occurs
- Reinforce recovery plan with child and support self-advocacy to teachers, coaches, and teammates
- Monitor your child at home; limit electronic use such as television, computer use, video games, and text messaging.
- Advise and monitor through graduated academic re-entry and gradual return to activity. Monitor good eating and sleeping habits which can effect recovery time.

Websites and Links:

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



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.

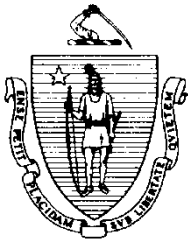
Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
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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 |
|----------------|-----|---------------|-------|

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

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



Nauset Regional High School

Head Injury Homecare Instruction Form

Michele M. Pavlu ATC, LAT, CSCS
Karen Farrell BSN, RN
Dian Birch BSN, RN

Student's Name: _____ Year of Grad: _____ Date: _____

Your son/daughter was evaluated by: _____ for an injury that occurred during: _____. The athletic trainer's or school nurse's impression of the injury is: _____ and the following treatment is recommended:

- () Referral to Physician for evaluation (please have physician fill out the back side of this form)
- () Head Injury Observation (please see below)
- () Follow up with athletic trainer or school nurse upon returning to school the next day
- () Contact your child's guidance counselor: _____

If you have any questions feel free to contact:

Michele Pavlu: (508) 619-5181 or pavlum@nausetschools.org

Karen Farrell: (508) 619-5270 or farrellk@nausetschools.org

Dian Birch: (508) 619-5270 or birchd@nausetschools.org

Guidance Office: (508) 255-1510

Review the following recommendations below to ensure your child's safe recovery from their current head injury. If any of the following symptoms get worse while at home, contact your child's primary care physician or activate EMS:

- ***decreased level of consciousness***
- ***increasing severity of headache that becomes pounding where child cannot sit up or stand for short periods of time***
- ***confusion or change in mental status***
- ***seizure***
- ***vomiting***

It is ok to:

- use ice or heat pack on neck/back of head for comfort
- attend school/work unless otherwise instructed by school nurse/athletic trainer/physician
- fall asleep/rest

There is no need to:

- check eyes with flashlight
- test reflexes
- stay in bed all day
- wake up every hour when sleeping

DO NOT:

- take aspirin or ibuprofen (motrin/advil/aleve)
- eat spicy/greasy foods
- engage in strenuous activity
- drink alcohol

Please limit the amount of time that your child suffering from a head injury views television, text messages, uses a computer, or plays video games, as these can cause concussion symptoms to worsen. Your child currently is to remain out of all activity (school & recreational) until further evaluation by the school's certified athletic trainer, licensed physician, nurse practitioner or neuropsychologist.



Nauset Regional High School

Concussion Return to Academics Plan

Michele M. Pavlu ATC, LAT, CSCS
Karen Farrell BSN, RN
Dian Birch BSN, RN

(508) 619-5181
(508) 619-5270

Students Name: _____ **DOB:** _____ **Date:** _____

() I find no evidence of concussion and the student may return to full participation in physical education, music, and extra-curricular athletics with no academic modifications. Graduated return to activity is NOT required.

() This student has been diagnosed with a concussion. Patient will not participate in physical education, music, extra-curricular sports and activities. Academic modifications are below:

Stage 1/Red: Complete Mental & Physical Rest

_____ medical leave of absence from school; potential return date _____

Stage 2/Orange: Recovering with Reduced Schedule

- _____ return to school half days
- _____ return to school core classes only
- _____ return to school; no gym, music, band classes
- _____ reduce/modify workload to 50%
- _____ no tests/quizzes/standardized testing
- _____ attempt homework in short periods (15min blocks)
- _____ allow for rest in nurses office during day
- _____ class notes provided ahead of lecture
- _____ allow to turn in pen and paper or "screen shot" of assignments that are completed in pen and paper
- _____ audio books instead of reading texts or online

Stage 3/Yellow: full school schedule with adaptations

- _____ return to full school schedule on _____
- _____ modify workload to 75%
- _____ extra class time to complete tests, quizzes
- _____ extra time at home to complete projects, papers, homework assignments
- _____ only complete one test/quiz per day
- _____ testing in small setting
- _____ word banks or note cards for assessments
- _____ cleared for daily walking

Stage 4/Green: full school schedule with no adaptations

_____ date cleared to begin gradual return to activity under the guidance of athletic trainer _____

Please list any other adaptations, medications, or modifications needed during the recovery period: _____

Follow up Appointment: _____

Doctor's Name: _____ **Signature:** _____ **Date:** _____

**PLEASE RETURN TO NAUSET REGIONAL HIGH SCHOOL
HEALTH OFFICE FAX: (508) 240-5418**