



Braintree High School Athletics

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If a Head Injury/Concussion Occurs During Practice and/or Contest – What do I need to do as a Coach?

1. Identify athletes with head injury or suspected concussions and remove them from play –
“When in doubt, sit them out!”
2. If there is any loss of consciousness call Fallon Ambulance immediately.
3. If Athletic Trainer is **not** present and/or available, review signs & symptoms card located in the team med kit to establish level of player’s injury:
 - a. If emergency case, contact Fallon Ambulance and then follow the guidelines listed below.
 - b. If non-emergency case, follow guidelines listed below.

Guidelines for Executing Head Injury/Concussion Protocol:

1. Communicate the nature (suspected concussion signs & symptoms notices and any loss of consciousness) of the injury directly to the parent/guardian in person or by phone immediately, during or after the practice or competition in which the student-athlete has been removed from play due to head injury.
2. Provide parents/guardians with the following forms:
 - a. Head Injury Notification & Home Instruction Form
 - b. Physician Head Injury Notification Letter
3. Inform parents that their son/daughter must see their PCP (Primary Care Physician).
4. Promptly notify the Athletic Director and Athletic Trainer of any student removed from practice or competition.
5. Complete the “Report of Head Injury During Sports Season Form” for any student-athlete with a head injury or suspected concussion that occurs during practice or competition and give to the Athletic Trainer.

PRIDE

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Braintree Public Schools
Athletic Department
Head Injury Notification & Home Instruction

Dear Parent,

Your son/daughter has been identified as having symptoms of a concussion. Such injuries are unfortunately common in many sports and should be taken very seriously. You can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. Signs and symptoms of a concussion can last for hours, days, weeks, or longer. **Please read the opposite side of this sheet for more information.**

Young athletes usually show complete recovery from concussions in a relatively short period of time, as long as, they remain sidelined while still symptomatic and are carefully evaluated by a doctor or athletic trainer to avoid returning to their sport before they are fully recovered. An athlete who returns too soon risks slowing the recovery process and increases the likelihood of symptoms unnecessarily prolonged for weeks, months, or years. In rare cases, the athlete can suffer more serious and permanent brain damage if a second concussion occurs before the first is fully healed.

Behavior and academic performance can be affected during the recovery process. The athletic trainer will notify to the school nurse about the head injury/concussion so that the school nurse and guidance counselors can make the appropriate accommodations for the athlete in the school setting.

Please follow the recommendations listed below and on the back to insure proper care and treatment for the injury. Your observations about your child's recovery are important to us; please feel free to contact the athletic trainer with any questions. Kara Hines, MS, ATC, LAT: (W) 781-848-4000 x2294, (C) 508-954-6251, khines@braintreema.gov

Athletes with head injuries **MUST** be cleared by a physician or the athletic trainer, as well as, have their ImPACT scores back within normal limits of their baseline test to begin the Gradual Return to Play protocol (GRP). Should your child be seen by a physician he/she will not be allowed to begin GRP unless a doctor's note is received by the athletic trainer.

Instructions

This athlete has shown/reported the following signs and symptoms:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Memory Difficulties before | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Impaired Vision | <input type="checkbox"/> Emotional Change | <input type="checkbox"/> Memory Difficulties after | <input type="checkbox"/> Loss of Consciousness |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Balance Problems | <input type="checkbox"/> Sensitivity to Light/Noise | <input type="checkbox"/> Difficulty Concentrating |
| <input type="checkbox"/> Feeling "foggy" | <input type="checkbox"/> Ringing in the ears | <input type="checkbox"/> Impaired Speech | <input type="checkbox"/> Fatigue/ low energy |

Signs and symptoms can occur immediately following or several hours after a head injury.

*Be aware of the following danger signs: **unequal pupils, unconsciousness, excessive drowsiness, repeated vomiting, seizures, severe headaches, and fluid discharge from ears/nose.** If **ANY** of the above signs or symptoms (or those checked) worsen or arise within the next 24 hours medical attention should be sought immediately!

During the next 24 hours:

- The athlete should not take pain medication during this time; it may mask serious symptoms such as severe headache. Consult with a doctor before taking any medication and take only medication that contains **NO ASPIRIN**.
- Wake the athlete once or twice during the night. Make sure that they are easily awoken the same way they are normally awoken can move all arms and legs and can talk and act clearly. If not **notify your physician**.
- **Rest** is the best treatment for a concussion! It is best to **greatly limit their time watching TV, text messaging, studying/reading, playing on the computer, playing video games, and going out.** The more the brain has to work (i.e. process data or react to stimulus) the longer the recovery time.
- Between 24-72 hours have the athlete check-in with the athletic trainer for further testing using the ImPACT program.

Recommendations

- | | | |
|--|--|---|
| <input type="checkbox"/> Make an appointment with MD | <input type="checkbox"/> Follow-up with Athletic Trainer | <input type="checkbox"/> Go to the Emergency Room |
|--|--|---|

What is a concussion?

A concussion is an injury to the brain. It's usually caused by a bump, blow, or jolt to the head and can range from mild to severe. Most of the time a concussion does not involve a loss of consciousness. Even a "ding" or getting your "bell rung" can be serious.

How is it diagnosed?

Suspected concussions should be evaluated by the athletic trainer and a physician trained in concussion management. First, if you suspect a concussion, notify the athletic trainer and team coach so signs and symptoms can be assessed and recorded. The athletic trainer may also get information from people who were on site when the concussion happened. This is very important, especially if the athlete is confused or does not remember the injury. The athletic trainer will perform initial testing of strength, sensation, coordination, balance, and memory. In more serious cases, you will be referred to an ER or doctor for additional testing. If the athletic trainer cannot be reached, call your primary care physician or, go to the nearest emergency department for evaluation.

What signs and symptoms might I notice?

Individuals who have had a concussion will usually experience some of the following signs and symptoms listed on the front page in the minutes, hours, days and weeks after an injury. As a parent or guardian you might notice the following with your child:

- Appears dazed or stunned
- Shows mood, behavior, or personality changes
- Can't recall events *prior* to hit or fall
- Forgets instruction
- Lethargic or abnormally tired
- Answers questions slowly
- Moves clumsily
- Can't recall events *after* hit or fall
- Is unsure of things they should know
- Is confused about things they should know

What symptoms warrant immediate medical attention?

- Any loss of consciousness
- Severe headache
- Repeated vomiting
- Confusion that gets worse
- Difficulty walking, speaking or using your arms
- Convulsions
- Unusual sleepiness
- Stiff neck

Does medicine help?

The treatment for concussion is rest. If you have a headache, try cool compresses on your head, such as an iced towel. **Always ask your doctor before you take any medicine if you have a concussion.** Aspirin and anti-inflammatory medicines can complicate the injury.

When can my child return to sports?

The athlete must be cleared by a doctor or athletic trainer, as well as, have their ImPACT scores back to within normal limits before they may begin gradual return to play protocol for their sport. You should **NEVER** return to play while they still have any signs or symptoms of concussion. This includes town sports or other sports/activities that take place outside of the high school. This is crucial to their safety. Most athletes are ready to return to action in a week or two but every injury is unique and requires individual management. Both the physician and athletic trainer must give clearance to return to sports.

What are the risks of returning to play too early?

- Causing symptoms to persist weeks or months longer than they would with proper rest
- Development of permanent symptoms or lowered thinking skills
- Catastrophic brain damage

Are there any lasting effects to a concussion?

Most people get better after a concussion without any permanent damage. People can have signs of concussion for weeks to months. After several concussions, your doctors may talk with you about changing sports.

Where can I find additional information?

You can find more information on concussions at these three sites: www.nfhslearn.com, www.impacttest.com, and http://www.cdc.gov/concussion/HeadsUp/high_school.html

BRAINTREE PUBLIC SCHOOLS

Athletic Department
Braintree High School
128 Town Street
Braintree, MA 02184

Physician Head Injury Notification Letter and Request for Academic Accommodations

Dear Physician,

Your patient _____ sustained a head injury on _____ during an athletic activity with the Braintree Public Schools. In accordance with the new Massachusetts law 105CMR 201.000, we have developed a policy that every student with a possible or diagnosed concussion must be evaluated and cleared by their physician or neurologist before they return to their regular school and sports activities.

As a point of information, prior to each sports season all athletes have a baseline test using the ImPACT program, once an athlete has been baseline tested their test results are good for 2 years.

1. If an athlete experiences a hard fall or hits their head they are immediately removed from play/practice and will not return until seen by the athletic trainer or a medical professional trained in concussion care.
2. Coaches notify the athletic trainer, if not present, and the parents of the injury. Head Injury Notification and Home Instruction handouts are given to the parents.
3. Within 72 hours the athletic trainer will ImPACT test the athlete to help determine the extent of the concussion. If the scores are within normal limits as indicated on the test and no other signs or symptoms are present then the Gradual Return-to-Play protocol will begin. If the scores are not within normal limits or there are other signs and symptoms present then the athlete will be referred to their physician for evaluation.
4. Physicians are welcome to request school ImPACT results for their review.

To facilitate the students' return to activities, please indicate the stage of recovery from the list below noting what restrictions are to be placed on academic activities. If there are additional academic restrictions, please make note on the reverse side of page. If there are academic restrictions, please provide a date by which the student will be re-evaluated. This form including possible modifications is based on South Shore Hospitals HeadSmart: a Healthy Transition to Academics and Sports a post-concussion resource for students, parents and school personnel.

Stages of Recovery (Please check corresponding box)

- Stage Red: Rest, Student typically does not attend school, strict limits on screen time/use of electronics/reading, no sports or rough housing, Rest
- Stage Orange: Attend school half to full days, Rest at home, continue limits on screen time/use of electronics/reading, avoid school bus and heavy backpacks, no tests in school, no sports, band, chorus, PE, Rest
- Stage Yellow: Attend school full time if possible, work with teachers regarding homework deadlines ("self advocate"), see school nurse for pain management if rest is needed, limit one quiz/test per day-consider un-timed testing, work in 15 minute blocks completing as much homework as possible, no sports or PE
- Stage Green: Attend school full time, self advocate at school (staggered due dates for assignments, tutor if needed), resume normal activities and classes, resume sports with Gradual Return-to-Play protocol



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

**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 immediately returned to the athletic trainer 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: Athletic Trainer Coach Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____