



## HEAD INJURIES AND CONCUSSIONS IN EXTRACURRICULAR ATHLETIC ACTIVITIES

### Purpose:

This policy provides the procedures and protocols for the Lincoln Public Schools (LPS) in the prevention, training, management and return to activity decisions of sports-related head injuries for all middle school students who participate in any extracurricular athletic activity as required by MA 105 CMR 201.000. The district will provide the Department of Public Health (DPH) with an affirmation that this policy is updated every two years upon review or revision of its policies.

### Definitions:

Concussion means a complex disturbance in brain function, due to direct or indirect trauma to the head, related to neurometabolic dysfunction, rather than structural injury.

Head injury means direct blow to the head or indirect trauma to the head including a concussion or traumatic brain injury. Scalp or facial laceration alone is not a head injury for purposes of 105 CMR 201.000.

### Pre-Participation Requirements and Training:

The following persons shall complete annually one of the head injury safety training programs approved by the Department of Public Health (DPH) as specified on the Department's website:

- (1) Coaches;
- (2) School Nurses;
- (3) School Physicians;
- (4) Athletic Director;
- (5) Parent(s) of a student who participates in an extracurricular athletic activity;
- (6) Students who participate in an extracurricular athletic activity. Students must complete the training prior to any participation including try-outs, practice and competition.

This requirement may be met by:

Coaches, Athletic Director, School Nurses, School Physician: Completing an approved online program and providing a certificate of completion to the Athletic Director. ([http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html))

Parents and Students: Signing an acknowledgement that they have read and understand written materials provided to them by the Athletic Director, or have completed an approved online program. ([http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html))

The training applies to one school year and must be repeated every subsequent year.

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The Athletic Director will keep all certificates and signed acknowledgments on file for four years.

Additional participation requirements for Parents and Students:

A student and his/her parent(s) must complete and sign the pre-participation *Extracurricular Activities Medical Questionnaire* prior to each season of participation. The questionnaire will be distributed by the Athletic Director and will also be available on the district's website. The questionnaire will be reviewed by the School Nurse prior to the athlete's participation and [the school nurse](#) will provide appropriate follow-up when needed. The School Nurse will notify coaches and the Athletic Director of any history of concussion and head/neck injuries, [and any other significant medical history.](#)

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Students must provide a copy of a physical exam that is dated within 13 months prior to participation. Students with physical exams that expire during the season are eligible to complete the season. The school nurse shall review a student's pre-participation history and physical exam prior to participation. The school nurse shall consult with the school physician as necessary regarding a student's medical history or eligibility.

If a student sustains a concussion or head injury during the season of play, but not while participating in an extracurricular athletic activity, the parent is required to submit the *Report of Head Injury Form* to the School Nurse. The School Nurse will notify the Athletic Director.

[Students involved in field hockey will wear mouthguards during practice and play.](#)  
[Mouthguards for use in all other contact sports is highly recommended.](#)

All coaches must be certified in CPR with AED and First Aid.

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**Exclusion from Play:**

Any student, who during a practice or competition, sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, shall be removed from play immediately and may not return to practice or competition that day.

The coach shall communicate the nature of the injury directly to the parent in person or by phone immediately after the practice or competition in which a student has been removed from play for a head injury, suspected concussion, signs and symptoms of a concussion, or loss of consciousness. [The coach must submit an \*Injury Report form\* to the School Nurse within 24 hours.](#)

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The coach shall notify, by the [beginning](#) of the next school day, the Athletic Director and School Nurse that the student has been removed from practice or competition for a head injury, suspected concussion, signs and symptoms of a concussion, or loss of consciousness.

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**Student Reentry Plan:**

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Each student who is removed from play and subsequently diagnosed with a concussion shall have a written graduated reentry plan for return to full academic and extracurricular activities.

The plan shall be reviewed by the School Nurse who will consult with the student's parent(s), doctor or other healthcare providers as needed. The School Nurse will distribute the reentry plan to the student's teachers.

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The written plan shall include instructions for students, parents and school personnel addressing:

- Physical and cognitive rest as appropriate;
- Graduated return to extracurricular athletic activities and classroom studies as appropriate, including accommodations or modifications as needed;
- Estimated time intervals for resumption of activities;
- Frequency of assessments, as appropriate, by the School Nurse, physician or neuropsychologist, if available, until full return to classroom activities and extracurricular athletic activities are authorized; and
- A plan for communication and coordination between and among school personnel and between the school, parent, and the student's physician.

#### Medical Clearance and Authorization to Return to Play:

A student who has sustained a head injury shall not return to practice or competition unless and until the student provides medical clearance and authorization by submitting the Post Sports-Related Head Injury Medical Clearance and Authorization Form or an equivalent form as provided by a healthcare provider, prior to resuming the athletic activity. A physician, a nurse practitioner in consultation with a licensed physician, or a neuropsychologist in coordination with the physician managing the student's recovery must sign the form.

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#### Responsibilities of the Athletic Director:

The Athletic Director shall be responsible for:

- Coordinating the biannual review of this policy;
- Completing the required annual training;
- Ensuring that the training requirements for staff, coaches, parents, and students are met, recorded and records are maintained;
- Ensuring that all students meet the physical examination requirements prior to any participation;
- Ensuring that all students participating in extracurricular athletic activities have completed and submitted the required pre-participation forms;
- Ensuring that student pre-participation forms are reviewed by the School Nurse;
- Ensuring that *Report of Head Injury Forms* are completed by the parent or coach and reviewed by the coach, school nurse and school physician;
- Ensuring that athletes are prohibited from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete;
- Reporting annual statistics to the DPH.

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#### Responsibilities of Coaches:

Coaches shall be responsible for:

- Completing the required annual training;
- Completing a *Report of Head Injury Form* upon identification of a student with a head injury or suspected concussion that occurs during practice or competition;
- Teaching techniques aimed at minimizing sports-related head injury;
- Discouraging and prohibiting athletes from engaging in any unreasonably dangerous athletic techniques that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon;
- Identifying athletes with head injuries or suspected concussions that occur in practice or competition;
- Communicating promptly with the parent of any student removed from play and with the School Nurse and Athletic Director.

**Responsibilities of the School Nurse:**

The School Nurse shall be responsible for:

- Participating in the biannual review of this policy;
- Completing the required annual training;
- Reviewing completed pre-participation forms that indicate a history of head injury and following up with parents and coaches as needed prior to the student's participation in extracurricular athletic activities;
- Reviewing *Report of Head Injury Forms* and following up with the coach and parent as needed;
- Maintaining Pre-participation forms and *Report of Head Injury Forms* in the student's health record;
- Participating in the graduated reentry planning for students who have been diagnosed with a concussion to discuss any necessary academic accommodations or school activities' modifications;
- Monitoring recuperating students with head injuries and collaborating with teachers to ensure that the graduated reentry plan for return to full academic and extracurricular athletic activities is being followed;
- Providing ongoing educational materials on head injury and concussion to teachers, staff, and students.

**Record Maintenance:**

The district shall maintain the following records for four years:

- Verifications of completion of annual trainings
- Pre-participation Forms
- Report of Head Injury Forms
- Medical Clearance and Authorization Forms
- Graduated reentry plans for return to full academic and extracurricular activities

The district shall make these records available to the DPH and the Department of Elementary and Secondary Education, upon request or in connection with any inspection or program review.

**Reporting:**

The district shall be responsible for maintaining and reporting annual statistics that report:

- A. The number of Report of Head Injury Forms received by the school; and
- B. The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities.

**Evaluation:**

The Athletic Director will assemble a head injury policy team that will biannually review this policy. This team will include, at a minimum, the following:

- Athletic Director
- School Nurses
- A coach

Evaluation results and recommendations will be forwarded to the Superintendent, or designee.

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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 \_\_\_\_\_





## *Lincoln Public Schools*

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### **STUDENT RE-ENTRY PLAN POST HEAD INJURY**

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date Head Injury sustained:** \_\_\_\_\_

**SCHOOL ATTENDANCE:**

\_\_\_ Full days as tolerated

\_\_\_ Half days (may increase if tolerated)

\_\_\_ No school until \_\_\_\_\_, then half/full days as tolerated.

**CLASSROOM ACCOMMODATIONS:**

\_\_\_ Reduced workload (homework, class work, projects)

\_\_\_ Extended time for assignments

\_\_\_ Teacher supervision of a plan for make-up work

\_\_\_ Allow for extra or extended breaks.

\_\_\_ Academic testing accommodations (e.g., extra time, reduced length of test, quiet environment, deferred testing)

**ACTIVITY RESTRICTIONS:**

\_\_\_ No gym/active recess until \_\_\_\_\_

\_\_\_ Restricted gym/active recess until \_\_\_\_\_

\_\_\_ Light non-contact

\_\_\_ Heavy, non-contact

\_\_\_ Moderate, non-contact

\_\_\_ No group sport, no contact sports

**SCHOOL SPORTS TEAM RESTRICTIONS**

\_\_\_ Complete rest

\_\_\_ Light aerobic activity (walking)

\_\_\_ Sport-specific sport activity (running)

\_\_\_ Non-contact training drills

\_\_\_ Full contact training

\_\_\_ Game play

**Follow-up evaluation and revision of recommendations to occur on \_\_\_\_\_.**

**Health Practitioner Signature:** \_\_\_\_\_







# Lincoln Public Schools

## HEAD INJURY CLASSROOM ACCOMMODATION PLAN

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Date of Head Injury \_\_\_\_\_

A concussion or a traumatic brain injury is a blow or jolt to the head. This injury can impact how a student thinks, learns, and acts in school during the recovery period.

### Physical and emotional symptoms that may continue during recovery:

- Headache
- Blurred Vision
- Withdrawn
- Sensitivity to light and noise
- Nausea
- Fatigue
- Easily Annoyed
- Emotional ups and downs
- Dizziness
- Irritability
- Impaired Concentration
- Inappropriate Behavior

### Possible School Performance Concerns:

- Difficulty studying and completing assignments
- Short-term memory loss
- Difficulties with organization
- Slower Processing
- Impaired concentration
- Shorter attention span

### SCHOOL ATTENDANCE:

\_\_\_\_\_ Full days as tolerated \_\_\_\_\_ Half days (may increase if tolerated)

\_\_\_\_\_ No school until \_\_\_\_\_, then half/full days as tolerated.

### ACTIVITY RESTRICTIONS:

\_\_\_\_\_ No gym/active recess until notified by School Nurse  
\_\_\_\_\_ Restrict gym/active recess until notified by School Nurse \_\_\_\_\_

### CLASSROOM ACCOMMODATIONS:

- \_\_\_\_\_ Extended time for assignments.
- \_\_\_\_\_ Allow for extra or extended breaks.
- \_\_\_\_\_ Reduced workload (homework, class work, projects).
- \_\_\_\_\_ Teacher supervision of a plan for make-up work.
- \_\_\_\_\_ Academic testing accommodations (e.g. extra time, reduced length of test, quiet environment deferred testing).
- \_\_\_\_\_ Other possible general accommodations for light and/or noise sensitivity (move away from windows; pull shades/dim lights; reduce classroom noise; remove from loud environment; work or test in quiet space; sit on front of room).
- \_\_\_\_\_ If symptoms increase or worsen, discontinue activity and send to Health Office for assessment and cognitive rest.

Any questions or concerns, call Health Office:

Lincoln (ext. 3500)

Hanscom (ext. 6500)



# LINCOLN PUBLIC SCHOOLS

## EXTRACURRICULAR ACTIVITIES

### MEDICAL QUESTIONNAIRE

THIS INFORMATION WILL ACCOMPANY YOUR STUDENT WHEN EMERGENCY ROOM ADMISSION IS APPROPRIATE AND PARENTS/GUARDIANS ARE NOT AVAILABLE.

THIS FORM MUST BE COMPLETED FOR EXTRACURRICULAR ACTIVITY AND SUBMITTED TO THE SCHOOL NURSE **PRIOR TO THE START OF EACH SEASON** A STUDENT PLANS TO PRACTICE, COMPETE, PERFORM AND/OR PARTICIPATE IN ANY EXTRACURRICULAR ACTIVITY.

Team Sport: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Significant current or past medical problems or injuries:

Allergy to medication or other allergies:

Medications currently taking (please list):

Emergency Medications Required: \_\_\_EPI-PEN \_\_\_INHALER \_\_\_INSULIN \_\_\_DIASTAT \_\_\_OTHER

**NOTE: Students with current asthma or allergy problems will not be allowed to participate without their prescribed medications in their immediate possession. This includes, but is not limited to: Epi-pens, inhalers, nebulizers, and peak flow meters.**

Please Check One: ☐ My child does not need any emergency medication.  
☐ My child will have his/her emergency medication in his/her possession during after-school activities.

Date of last tetanus immunization: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

***I authorize the coach/teacher of the Lincoln Public Schools to obtain emergency medical care for my child for illness or injury received during participation in extracurricular activities including travel. Permission is also given to the attending physician to treat said illness or injury. The coach/teacher will make every reasonable attempt to contact parents/guardians in the event of emergency illness or injury. The coach/teacher will carry this signed form to insure proper care and treatment of my child.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER SIDE OF FORM MUST BE COMPLETED FOR PARTICIPATION IN ANY SPORT.**

## PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM

1. Has student ever experienced a traumatic head injury (a blow to the head)? \_\_\_Yes      \_\_\_No  
    ◆ If yes, when? Dates (month/year): \_\_\_\_\_
2. Has student ever received medical attention for a head injury? \_\_\_Yes      \_\_\_No  
    ◆ If yes, when? Dates (month/year): \_\_\_\_\_  
    ◆ If yes, please describe the circumstances: \_\_\_\_\_
3. Has student ever received a face or cervical spine injury? \_\_\_Yes      \_\_\_No  
    ◆ If yes, when? Dates (month/year): \_\_\_\_\_
4. Was student diagnosed with a concussion? \_\_\_Yes      \_\_\_No  
    ◆ If yes, when? Dates (month/year): \_\_\_\_\_  
    ◆ Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: \_\_\_\_\_

### ADDITIONAL MEDICAL HISTORY

*If Yes is circled, please explain. (Use extra sheet if necessary)*

1. Has a physician ever denied or restricted student's participation in sports for any problems? Yes    No
2. Has student ever been dizzy or passed out during or after exercise? Yes    No
3. Has student ever had a heart murmur, irregular rhythm, or high blood pressure? Yes    No
4. Has student ever had chest pain during or after exercise? Yes    No
5. Has student ever had seizures? Yes    No
6. Has student ever dislocated a bone? Yes    No  
    If Yes, which one & when?
7. Has student ever had surgery? Yes    No  
    If Yes, for what & when?

*I hereby state that I have reviewed this medical history and find the answers to these questions correct to the best of my knowledge (required for legal minors).*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(BOTH PARENT'S/GUARDIAN'S AND STUDENT'S SIGNATURES REQUIRED PER STATE LAW)



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- (2) School Nurses;
- (3) School Physicians;
- (4) Athletic Director;
- (5) Parent(s) of a student who participates in an extracurricular athletic activity;
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This requirement may be met by:

Coaches, Athletic Director, School Nurses, School Physician: Completing an approved online program and providing a certificate of completion to the Athletic Director.

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If a student sustains a concussion or head injury during the season of play, but not while participating in an extracurricular athletic activity, the parent is required to submit the *Report of Head Injury Form* to the School Nurse. The School Nurse will notify the Athletic Director.

All student athletes involved in contact sports must wear a mouth guard during play.

All coaches must be certified in CPR with AED and First Aid.

**Exclusion from Play:**

Any student, who during a practice or competition, sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, shall be removed from play immediately and may not return to practice or competition that day.

The coach shall communicate the nature of the injury directly to the parent in person or by phone immediately after the practice or competition in which a student has been removed from play for a head injury, suspected concussion, signs and symptoms of a concussion, or loss of consciousness. The coach must provide this information to the parent in writing, whether paper or electronic format, by the end of the next business day.

The coach shall notify, by the end of the next school day, the Athletic Director and School Nurse that the student has been removed from practice or competition for a head injury, suspected concussion, signs and symptoms of a concussion, or loss of consciousness.

**Student Reentry Plan:**

Each student who is removed from play and subsequently diagnosed with a concussion shall have a written graduated reentry plan for return to full academic and extracurricular activities.

The plan shall be developed by the student's teachers, School Nurse, neuropsychologist if involved, parent and members of the individualized education program team as appropriate and in consultation with the student's primary care provider or the physician who diagnosed the head injury or who is managing the student's recovery.

The written plan shall include instructions for students, parents and school personnel addressing:

- Physical and cognitive rest as appropriate;
- Graduated return to extracurricular athletic activities and classroom studies as appropriate, including accommodations or modifications as needed;
- Estimated time intervals for resumption of activities;
- Frequency of assessments, as appropriate, by the School Nurse, physician or neuropsychologist, if available, until full return to classroom activities and extracurricular athletic activities are authorized; and
- A plan for communication and coordination between and among school personnel and between the school, parent, and the student's physician.

### **Medical Clearance and Authorization to Return to Play:**

A student who has sustained a head injury shall not return to practice or competition unless and until the student provides medical clearance and authorization by submitting the *Post Sports-Related Head Injury Medical Clearance and Authorization Form* prior to resuming the athletic activity. A physician, a nurse practitioner in consultation with a licensed physician, or a neuropsychologist in coordination with the physician managing the student's recovery must sign the form.

### **Responsibilities of the Athletic Director:**

The Athletic Director shall be responsible for:

- Coordinate the biannual review of this policy;
- Completing the required annual training;
- Ensuring that the training requirements for staff, coaches, parents, and students are met, recorded and records are maintained;
- Ensuring that all students meet the physical examination requirements prior to any participation;
- Ensuring that all students participating in extracurricular athletic activities have completed and submitted the required pre-participation forms;
- Ensuring that student pre-participation forms are reviewed by the School Nurse;
- Ensuring that *Report of Head Injury Forms* are completed by the parent or coach and reviewed by the coach, school nurse and school physician;
- Ensuring that athletes are prohibited from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete;
- Reporting annual statistics to the DPH.

### **Responsibilities of Coaches:**

Coaches shall be responsible for:

- Completing the required annual training;



- Completing a *Report of Head Injury Form* upon identification of a student with a head injury or suspected concussion that occurs during practice or competition;
- Teaching techniques aimed at minimizing sports-related head injury;
- Discouraging and prohibiting athletes from engaging in any unreasonably dangerous athletic techniques that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon;
- Identifying athletes with head injuries or suspected concussions that occur in practice or competition;
- Communicating promptly with the parent of any student removed from play and with the School Nurse and Athletic Director.

### **Responsibilities of the School Nurse:**

The School Nurse shall be responsible for:

- Participating in the biannual review of this policy;
- Completing the required annual training;
- Reviewing completed pre-participation forms that indicate a history of head injury and following up with parents and coaches as needed prior to the student's participation in extracurricular athletic activities;
- Reviewing *Report of Head Injury Forms* and following up with the coach and parent as needed;
- Maintaining Pre-participation forms and *Report of Head Injury Forms* in the student's health record;
- Participating in the graduated reentry planning for students who have been diagnosed with a concussion to discuss any necessary academic accommodations or school activities' modifications;
- Monitoring recuperating students with head injuries and collaborating with teachers to ensure that the graduated reentry plan for return to full academic and extracurricular athletic activities is being followed;
- Providing ongoing educational materials on head injury and concussion to teachers, staff, and students.

### **Record Maintenance:**

The district shall maintain the following records for four years:

- Verifications of completion of annual trainings
- Pre-participation Forms
- Report of Head Injury Forms
- Medical Clearance and Authorization Forms
- Graduated reentry plans for return to full academic and extracurricular activities

The district shall make these records available to the DPH and the Department of Elementary and Secondary Education, upon request or in connection with any inspection or program review.

### **Reporting:**

The district shall be responsible for maintaining and reporting annual statistics that report:

- A. The number of Report of Head Injury Forms received by the school; and

- B. The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities.

**Evaluation:**

The Athletic Director will assemble a head injury policy team that will biannually review this policy. This team will include, at a minimum, the following:

- A middle school administrator
- Athletic Director
- School Nurse
- A coach
- A parent
- A student

Evaluation results and recommendations will be forwarded to the Superintendent, or designee.