

Management of Sports Related Concussions

- I. Concussion & Risk Management Training for interscholastic coaches and Physical Education (PE) teachers.
 - A. All Talbot County Public School interscholastic coaches will complete the National Federation of High Schools (NFHS) online concussion course annually.
 - B. A certificate of completion must be submitted annually to the Athletic Director, Principal, and County Athletic Director as a condition of employment.
 - C. PE teachers, PreK thru 12th grade, will be required to provide a certificate of completion of concussion education training annually to the PE Specialist.

- II. Concussion & Risk Management Training for Student Athletes, Parents/Guardians and designated school personnel.
 - A. Prior to the start of each sports season coaches will distribute concussion information fact sheets to student athletes, parents/guardians and designated school staff describing the nature and risk of a concussion or head injury, criteria for removal from and return to play, the risk for not reporting injury, and continuing to play and appropriate academic accommodations for students with diagnosed concussions.
 - B. Every student athlete and at least one parent/guardian must verify in writing that they have received information on concussions by signing a statement acknowledging receipt of the information before a student participates in an authorized interscholastic athletic activity. (See Attached A)

- III. Concussion & Risk Management for all Youth Programs using TCPS facilities/athletic fields.
 - A. Youth sports programs seeking to use school facilities/athletic fields must verify distribution of concussion information to coaches, students and parents/guardians by submitting to the Principal or School Manager the Youth Sports Program Use of School Property Concussion Awareness Parent/Guardian Acknowledgement Statement. (See Attached B)
 - B. TCPS is not required to provide the actual concussion training materials for Youth Sports Concussion Training. Materials are available on the CDC website <http://www.cdc.gov> (Figure 10)

- IV. Impact Concussion Screening Program

Student athletes in designated contact sports will be required to complete Impact Concussion Baseline Screening in order to participate in Athletics. Impact Program Protocols have been established to address removal and return to play for those students diagnosed with a concussion.

- V. Post concussion removal and return to play
 - A. Any student athlete suspected of sustaining a concussion shall immediately be removed from practice or play.
 - B. Each school shall use the gradual return to play protocols instituted in the Policies and Programs on Concussion for Public Schools and Youth Sports Programs. (See Attached C)
 - C. The student athlete may not return to play until the student receives written clearance after receiving an appropriate medical assessment by one of the following:

- i. A licensed physician trained in the evaluation and management of concussions;
 - ii. A licensed physician's assistant trained in the evaluation and management of concussions in collaboration with the physician assistant's supervising physician or alternate supervising physician within the scope of the physician assistant's Delegation Agreement approved by the Board of Physicians;
 - iii. A licensed nurse practitioner trained in the evaluation and management of concussions;
 - iv. A licensed psychologist with training in neuropsychology and in the evaluation and management of concussions; or
 - v. A licensed athletic trainer trained in the evaluation and management of concussions, in collaboration with the athletic trainer's supervising physician or alternate supervising physician and within the scope of the Evaluation and Treatment protocol approved by the Board of Physicians.
- D. To assist student athletes, parents, and school personnel, to deal with concussion events, the TCPS system shall provide to all involved persons:
- i. Written notification of possible head injury;
 - ii. Medical clearance forms for gradual return to sports participation following concussion;
 - iii. Gradual return to play protocols.

VI. Concussion Safety Regulation

Student athletes who have sustained a concussion will receive standard academic accommodations as recommended by the assessing health care provider (physician, nurse practitioner, physician assistant, neuropsychologist). These accommodations may require implementation of Section 504 of the Rehabilitative Act of 1973. (See Attached D)

If symptoms of the documented head injury impact the learning environment, as determined by the health care provider, school staff must be notified immediately. This would include contacting the school administrator, school nurse, Section 504 Coordinator, school counselor, teacher's, Athletic Director, Athletic Trainer, and appropriate coaching staff (refer to MSDE Report of the Traumatic Brain Injury/Sports-Related Task Force Appendix J/Case Management and Care Coordination-Roles and Responsibilities).

Appendix A

Talbot County Public Schools
Concussion Education Verification

CONCUSSION EDUCATION AND MANAGEMENT

Maryland State Law mandates that concussion awareness information be distributed to coaches, student-athletes and parents/guardians. Provisions of the Law also require that a student-athlete suspected of having sustained a concussion be removed from a game or practice and also requires the student-athlete to obtain written medical authorization before being allowed to return to play.

Your coaches and Athletic Director will distribute concussion information sheets. Additional concussion resources are available at www.mpssaa.org.

I, _____ verify that I/we have received concussion information sheets and understand the guidelines and policies for concussion management.

Student Name Date

Parent(s)/Guardian Date

Appendix B



**Youth Sports Programs Use of School Property
Concussion Awareness Parent/Guardian Acknowledgement Statement**

Youth sports programs seeking to use school facilities must verify distribution of concussion information to parents or guardians and receive verifiable acknowledgement of receipt. In addition, each youth sports program will annually affirm to the local school system of their intention to comply with the concussion information procedures. Materials for use for youth sports are available on the CDC website: <http://www.cdc.gov>. (Figure 10)

I _____, acknowledge that parents and/or guardians of all
(Sports Program Sponsor)

youth participating in the _____ sponsored by the (Name of Sports
Program)

_____ and held at

(Name of school)

have received concussion awareness information.

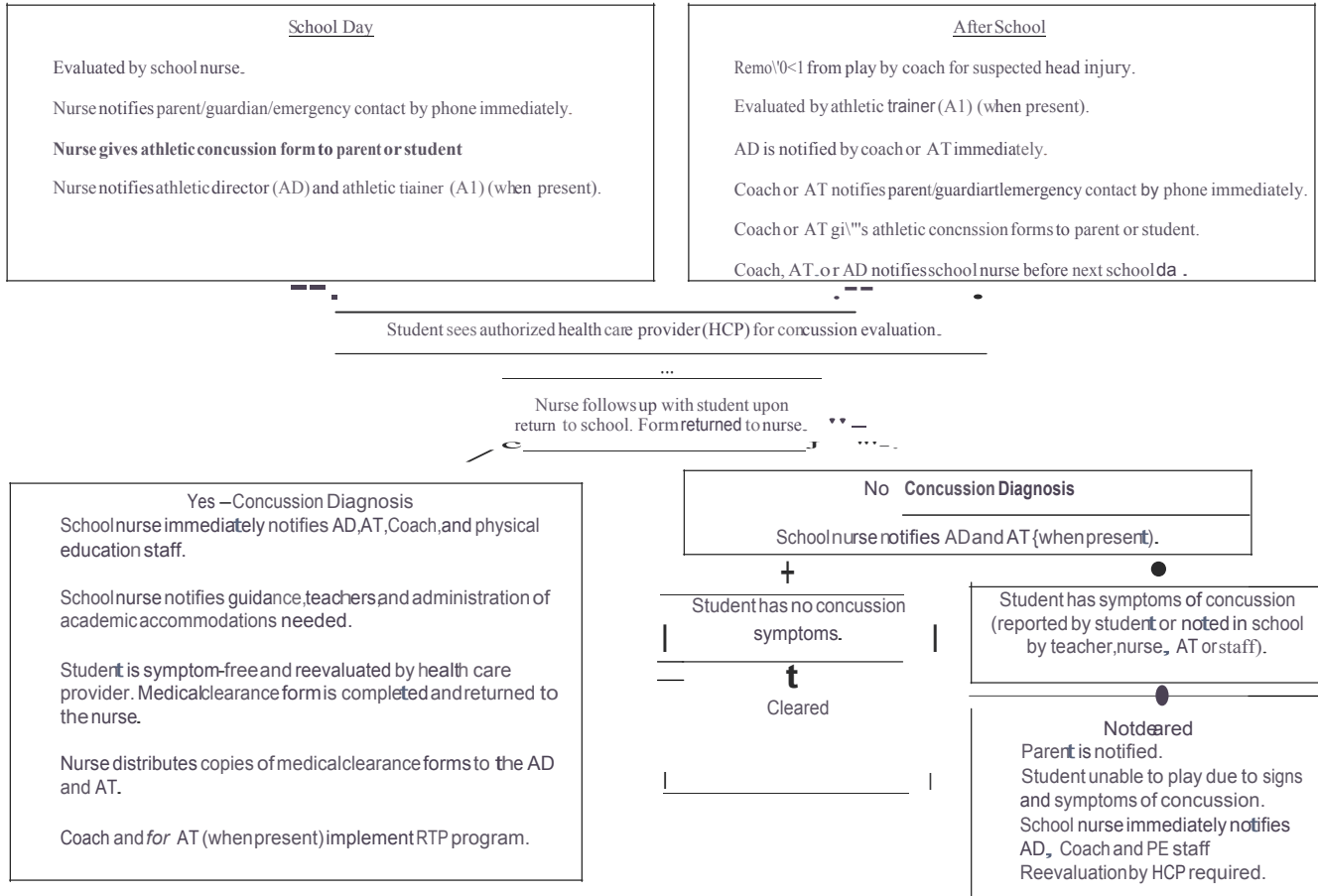
Sports Program Sponsor _____ Date _____
Print Name

Sports Program Sponsor _____ Date _____
Signature

This form must be completed and returned to the Principal/School Manager prior to any youth sports practice or physical activity. Failure to comply with this regulation may result in the cancellation of TCPS use of building/property approval.

Appendix C

High School Student-Athlete Probable Head Injury Flow Chart



\$SSHQGL [▼

Appropriate Educational Accommodations

!

Post-Concussion Effect	Functional School Problem	Accommodation/ Management Strategy
\$WHQWLRQ/ &RQFHQWUDWLRQ ± RUNLQJ´ OHPRUN	6KRUV IRFXV RQ OHFWXUH, FODVV ZRUN, KRPHZRUN +RQGLQJ LQVWUXFWLRQV LQ PLQG, UHDGLQJ FRPSUHKKHQLRQ, PDIK FDOFXODWLRQ, ZULWLQJ	6KRUVHU DVVLJQPHQW, EUHDN GRZQ WDVNV, OLJKWHU ZRUN ORDG 5HSHWLWLRQ, ZULWHQ LQVWUXFWLRQV, XVH RI FDOFXODWRU, VKRUV UHDGLQJ SDVVDJHV
OHPRUN &RQVROLGDWLRQ/ SHULHYDO	5HWLQQLQJ QHZ LQIRUPDWLRQ, DFFHVVLRQ OHDUQHG LQIR ZKHQ QHHGHG	6PDQHU FKXQNV WR OHDUQ, UHFJRQLRQ FXHV
3URFHVVLRQ 6SHHG	.HHS SDFH ZLWK ZRUN GHDPDQG, SURFHVV YHUEDO LQIRUPDWLRQ HHHFWLYH\	(WHQGHG WLP, VORZ GRZQ YHUEDO LQIR, FRPSUHKKHQLRQ-FKHFNLQJ
)DWLJXH	HFUHDVHG DURXVDO/ DFWLYDWLRQ WR HQJDJH EDVLF DWHQWLRQ, ZRUNLQJ PHPRUN	5HW EUHDNV GXULQJ FODVVHV, KRPHZRUN, DQG HDPV
+HDGDFKHV	.QHUIHUHV ZLWK FRQFHQWUDWLRQ	5HW EUHDNV
/LJKW/IRLVH 6HQVLYLYL\	6\PSWRPV ZRUVHQ LQ EULJKW RU ORXG HQYLURQPHQW	:HDU VXQJODVVHV, VHDWLRQ DZD\ IURP EULJKW VXQLJKW RU RJKHU OLJKW. \$YRLG QRLV\ FURZGHG HQYLURQPHQW VXFK DV OXQFKURRP, DVVHPEOLHV, KDQZD\.
'L]]LQHVV/%DQDQFH 3UREOHPV	8QVHDGLQHV ZKHQ ZDONLQJ	(OHYDWRU SDVV, FODVV WUDQVWLRQ SULRU WR EHOO
6OHHS ▼LVXUEDQFH	HFUHDVHG DURXVDO, VKLIHG VOHHS VFKHG\	/DWHU WIDUW WLP, VKRUVHQHG GD\
SQ[LHW\	&DQ LQHUIHUHV ZLWK FRQFHQWUDWLRQ; 6WXGHQW PD\ SXVK WKURXJK V\PSWRPV WR SUHYHQW IDOOLQJ EHKLQG	5HDVVXUDQFH IURP WHDFKHUV DQG WHDP DERXV DFFRPPRGDWLRQ; ± RUNORDG UHGXFWRQ, DONHUQDWH IRUPV RI HFWLQJ
'HSUHVVRQ/ ± LFKGUDZDO	:LWKGUDZDO IURP VFKRRO RU IULHQGV GXH WR VWLJPD RU DFWLYL\ UHVWLVWRQV	7LPH EXLOW LQ IRU VRFDOOL]DWLRQ
&RJQLYLH 6\PSWRPV	&RQFHQWUDWLRQ, OHDUQLQJ	6HH VSHFLILF FRJQLYLH DFFRPPRGDWLRQV DERYH
6\PSWRP 6HQVLYLYL\	6\PSWRPV ZRUVHQ ZLWK over-DFWLYL\, UHVXOWLQJ LQ DQ\ RI WKH DERYH SUREOHPV	5HGXFH FRJQLYLH RU SK\VLFD GHDPDQGV EHORZ V\PSWRP WKUHVKROG; SURYLGH UHVV EUHDNV; FRPSOHV ZRUN LQ VPDQ LQFUHPHQW XQWLO V\PSWRP WKUHVKROG LQFUHDVHV

! Source: 6DG\, O.▼., 9DXJKDQ, &*. & *LRLD, *.\$ (2011) 6FKRRO DQG WK &RQFXVHG <RXWK: 5HFRPPHQGDWLRQV IRU &RQFXVLRQ (GXFDWLRQ DQG ODQDJHPHQW. *Physical Medicine and Rehabilitation Clinics of North America*. 22, 701-719. (SS.714)

!