MARYLAND STATE DEPARTMENT OF EDUCATION
Preparing World-Class Students

Lillian M. Lowery, Ed.D.
State Superintendent of Schools

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TO: Members of the State Board of Education

FROM: Lillian M. Lowery, Ed.D.

DATE: July 24, 2012

SUBJECT: Creation of Interagency/Interdisciplinary Task Force on the Prevention and Treatment of Traumatic Head Injuries in Public School Sports and Athletic Programs

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PURPOSE:

The purpose of this memo is to provide a very brief outline of a proposed plan of action to respond to concerns expressed by the State Board at its meeting on June 26, 2012 regarding traumatic head injuries in interscholastic athletics and sports. At the meeting Board members stated their desire to identify appropriate and necessary actions that can be taken by the State Board and the Department to strengthen and reinforce efforts in our public schools to prevent, identify, and respond to sports/athletic related traumatic head injuries. It was further suggested that an interdisciplinary team be formed to accomplish this task.

BACKGROUND:

The members of the Board may not be aware that an interdisciplinary team of specialists and practioners (listing of members attached) provided guidance and assistance to the Department and the Maryland Public Secondary Schools Athletic Association (MPSSAA) in the development of the guidelines that the Board considered for adoption today as emergency regulations. The Board should also know that §7-401 of the Education Article, Annotated Code of Maryland requires that the Department of Education and the Department of Health and Mental Hygiene work together jointly to provide standards and guidelines for school health services.

EXECUTIVE SUMMARY:

I propose to establish an interdisciplinary/interagency task force with a membership composition similar to that of the MPSSAA Concussion Review Committee and assign it the task of reviewing best practices in the prevention and treatment of traumatic injuries in youth sports and athletics for the purpose of developing recommendations for action by the State Board of Education. The task force would augment its understanding and knowledge base with the aid of resource experts who have expressed a desire to assist in this effort. The Task Force will be co-chaired by Alicia L. Mezu, MSDE Health Services Specialist and Ned Sparks, Executive

Director, MPSSAA. The Task Force would be expected to complete its work and render a report with recommended actions by the end of December 2012. The State Board would consider the report and recommendations at its meeting in January 2013.

ACTION:

I am requesting State Board authorization to move forward with establishing this Task Force.

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TO: Members of the State Board of Education

FROM: Lillian M. Lowery, Ed.D

DATE: July 24, 2012

SUBJECT: Petition to Adopt Concussion Regulations

PURPOSE:

The purpose of this item is to present the options that the State Board of Education has for responding to a Petition to Adopt Regulations.

HISTORICAL BACKGROUND:

In his written public testimony on May 22, 2012, Mr. Thomas Hearn asked the Maryland State Board of Education, pursuant to the State Gov't Art. §10-123, to adopt regulations to address concussions in high school sports. In his written testimony on June 26, 2012, Mr. Hearn defined the type of regulations he was requesting and provided a red-line copy. (Ex. A, attached hereto). The regulations he petitions this Board to adopt are modeled on regulations adopted in Massachusetts. (Exhibit B.)

EXECUTIVE SUMMARY:

Under State Government Article §10-123, a State agency must respond to a petition to adopt regulations within 60 days, either denying the petition with an explanation of the denial, or by initiating the procedures for adoption of a regulation.

Therefore, the Board has two options. You may decide to deny the petition to adopt regulations at this time subject to further study and fact-finding. Specifically, at the June meeting the State Board directed MSDE staff to identify a panel of health care providers knowledgeable about concussions to provide testimony and recommendations for the Board to consider in addressing the issues surrounding concussions in sports, including prevention issues. Moreover, until further study, the State has in place a statute directing school systems to have concussion policies in place. The MPSSA has issued guidelines to assist school systems in developing policies to comply with the law. (Exhibit C).

If, however, you wish to have legally enforceable regulations in place for the beginning of the school year, it is possible to convert the MPSSA Guidelines into regulations on an emergency basis. We have attached to this memo a draft of emergency regulations. If you adopt this option, the Board will still have time to study other concussion related issues, including, the prevention issue, and go forward with more comprehensive regulations, at a later date, if necessary.

ACTION:

This is an action item for public discussion and vote. We recommend that you adopt the emergency regulations as drafted.

Attachments

Title 13A STATE BOARD OF EDUCATION

Subtitle 06 SUPPORTING PROGRAMS

Chapter 08 School Athletics Safety Program

.01 Head Injuries and Concussions in Extracurricular Athletic Events

A. Definitions. For the purpose of this chapter, the following words have the meaning indicated:

(1) "Concussion" means a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head that can alter the way the brain works.
(2) "Licensed health care provider" means a licensed physician or physician assistant, a licensed psychologist with specialty training in neuropsychology, (Neuropsychologist), or a licensed nurse practitioner.
(3) "Return to play" means participation in a non-medically supervised practice or athletic competition after a period of exclusion.
(4) "Student-Athlete" means participation in a non-medically supervised practice or athletic competition after a period of exclusion.
(5) "School personnel" means those directly responsible for administering or coaching interscholastic athletic program within a school or county and those employees of the school or school system with overall responsibility for student-athletes' academic performance and medical well-being.
(6) "Youth sports program" means a program organized for recreational athletic competition instruction for participants who are under the age of 19 years.

B. Training

(1) By August 31, 2012, each local school system shall train each coach in concussion risk and management. At a minimum, the coach's training shall include:

(a) The nature of the risk of a brain injury;
(b) The risk of not reporting a brain injury;
(c) Criteria for removal and return to play;
(d) Understanding Concussions;
(e) Recognizing Concussions;
(f) Signs and Symptoms;
(g) Response and Action Plan.
(2) Each school system shall require a certificate of completion from a coaches' training course as a condition of coaching employment.

C. *Policies and Procedures*

(1) By August 31, 2012, each school system shall implement policies that assure student-athletes, parents, or guardians and school personnel receive an informational sheet describing:

(a) The nature and risk of a concussion or head injury;
(b) The criteria for removal from play and return to play;
(c) The risks of not reporting injury and continuing to play; and
(d) Appropriate academic accommodations for diagnosed concussion victims.

(2) Under the policy, each school system shall require every student-athlete and at least one parent or guardian to verify in writing that they have received information on concussions and sign a statement acknowledging receipt of the information.

D. *Removal and Return to Play*

(1) After an appropriate medical assessment, any student-athlete suspected of sustaining a concussion shall immediately be removed from practice or play. The student-athlete shall not return to play until cleared by a licensed health care provider authorized to provide sports physical examinations and trained in the evaluation and management of concussions.

(2) To assist student-athletes, parents, and school personnel, to deal with concussion events, each local school system will provide to all involved persons:

(a) Written notification of possible head injury;
(b) Medical clearance forms for gradual return to sports participation following concussion;
(c) Graduated return to play protocols.

E. *Youth Sports Programs Use of School Property*

(1) Youth sports programs seeking to use school facilities shall verify in writing distribution of concussion information to parents or guardians and receive verifiable acknowledgement of receipt.
(2) Each youth sports program will annually affirm to the local school system their compliance with concussion information procedures.

June 26, 2012
Maryland State Board of Education
Public Comment Testimony of Tom Hearn
Regarding Concussions in High School Football and Other Sports

Good afternoon, Members of the Maryland State Board or Education and Acting Superintendent Sadusky. I am Tom Hearn and I am a parent of a student at Walt Whitman High School in Montgomery County, Maryland.

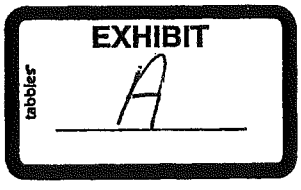
At last month's State Board meeting, I petitioned the Maryland State Board of Education under section 10-123 of the State Government Article, Annotated Code of Maryland, to issue regulations to address concussions in high school sports. Attached is a draft of the regulations that I am seeking. (The requested regulations are modeled on sports concussion regulations adopted by the Massachusetts Department of Public Health (Massachusetts DPH) in June 2011. Thus, I am also attaching a redlined version that shows how the proposed regulations faithfully follow, with few changes, what was adopted by the Massachusetts DPH.)

I am also petitioning that the State Board issue the attached regulations jointly with Joshua Sharfstein, M.D., the Maryland Secretary of Health and Mental Hygiene and that the Maryland Health Secretary issue complementary regulations that provide similar protections to youth athletes who practice and compete in Maryland outside of sports sponsored by a local public school system.

Joint issuance of regulations for public school athletes is necessary because the authority of Maryland Health Officers in each County is tied more directly to standards issued by the Maryland Health Secretary that it is to requirements of the State Board. Health Officers will need to play a central role with local school systems in developing policies that comply with the regulations that I request.

The petitioned regulations are needed to supplement the requirements of the sports concussion legislation adopted in Maryland in 2011 and to give the force of law to the non-binding voluntary guidelines that Mr. Edward Sparks, the Maryland Department of Education (MSDE) Executive Director for Athletics Programs, caused to be posted on the website of the Maryland Public Secondary School Athletic Association (MPSSAA) in August 2011. (Mr. Sparks is also the MPSSAA Executive Director.)

The regulations I seek would also incorporate requirements in the Massachusetts DPH regulations that Mr. Sparks was not aware of when he issued the nonbinding voluntary guidelines in August 2011 as well as other best practices that the Sports Legacy Institute (SLI) have recommended since August 2011.



Timing

Section 10-123 of the Maryland State Government Article requires the State Board, within 60 days of my May 22 petition, to either: (1) deny it and provide a statement for the reason for the denial; or (2) initiate the procedures for adoption of the requested regulation. The deadline for responding to my May 22 petition would appear to be by July 21, 2012.

Because the State Board monthly meeting for July is not scheduled to occur until July 24, I would not object to an extension on the State Board's time to respond until that date to allow the State Board to vote on a response to my petition at that meeting. The State Board and the Health Secretary are not required to issue the petitioned-for regulations within 60 days and this may not be feasible, given notice and comment requirements, unless a basis for issuing final regulations on an emergency basis is found.

Nevertheless, I urge both the State Board and Secretary Sharfstein to take action on this request so that local school systems will have some of the increased protections in place when the Fall sports season begins in Maryland on August 11.

Student Athletes Need Regulations to Protect Them, Not Voluntary Guidelines

It is important that the State Board address sports concussions and other sports health and safety issues in regulations, not in nonbinding voluntary guidelines. A good insight into the differences between formal requirements, such as regulations, and guidelines comes in the now-classic movie, Pirates of the Caribbean.

Elizabeth, the character played by Keira Knightley, is captive on the deck of a pirate ship. She demands that she be returned to shore, invoking the Code of the Pirate Brethren. Captain Barbossa replies, "the code is more what you'd call 'guidelines' than actual rules." Message: regulations are enforceable, guidelines are not.

The Maryland General Assembly has authorized the State Board to issue regulations for administration of the public schools, and these issuances have "the force of law."[1]

Furthermore, the MSDE and the Maryland DHMH are charged with developing public standards for school health programs in local school systems, which include providing "a healthful school environment." These standards may only be issued with the force of law when issued by regulations.[2]

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[1] Education Article, section 2-205(c), Annotated Code of Maryland.

[2] Education Article, section 4-401(b), Annotated Code of Maryland. In adopting the interscholastic athletics regulations, Code of Maryland Regulations (COMAR) 13A.06.03, the State Board relied on its general rulemaking authority under Education Article section 2-205 and on the State Superintendent's general authorities under Education Article section 3-303(k). This authority should be adequate as alternative authority on which to rely in adopting regulations that address safety in the same activity.

The sports concussion legislation enacted in Maryland last year contains important groundbreaking provisions but is a floor and not a ceiling on what the State Board may do pursuant to its other authorities to keep students safe while playing sports.

To date, the State Board or the State Superintendent appears to have delegated to Mr. Sparks the responsibility for developing and issuing policies and procedures on awareness as nonbinding voluntary guidelines.[3] The August 2011 guidelines contain important provisions. Forms attached to the guidelines underscore the need to provide parents with notice of a suspected concussion and the need for concussed students who are cleared for return to play to return by following a 5-stage graduated return protocol.

But the guidelines are not binding. In Montgomery County, we still haven't updated the staff guidelines from 2010 with what Mr. Sparks issues last year. So no forms that educate coaches, players, and parents about the need for a graduated 5-stage return to play. When I brought this to the attention of the Montgomery County Athletic Director in February, he dismissed those forms as "just the Howard County forms."

So Montgomery County staff continues to provide no awareness of the need to return to play on a graduated basis in which a student is suppose to stop the return if symptoms resume at any one stage, which sports safety experts I have talked to say they often do. And because provisions about graduated return to play are in voluntary guidelines, not regulations, there is nothing to require that they do so.[4]

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[3] The document is called "Policies and Programs" but as a document issued by MSDE staff without being formally issued by the State Board as a regulation, it lacks the force of law that would require a local school system to adhere to it. The MSDE Executive Director has indicated that the guidelines were prepared in consultation with a Concussion Review Committee that included representatives from the Maryland State Department of Health and Mental Hygiene, as well as experts in concussion treatment. http://www.mpssaa.org/HealthandSafety/ConcussionReviewCommittee.asp . It is not clear what role this committee played in developing the guidelines. One committee member indicated to me that there were only two meetings and the MSDE/MPSSAA Executive Director and MPSSAA representatives firmly "held the pen" in drafting the guidelines. Going forward, the dynamics of issuing sports related regulations and guidelines needs to be revisited.

[4] On a different sports health issue, I recently pointed out that to the Montgomery County Athletics Department staff that they weren't using the annual health physical form adopted by doctors groups in 2010 that included questions to screen for sudden heart attack, female health issues, and concussions. The State Athletic Association provides a link to the 2010 form on its website and the form is used in many surrounding counties. When the Montgomery County Athletic Director resisted using the 2010 form, I asked Mr. Sparks in an email to weigh in. His reply was that Maryland COMAR regulations did not require use of the current form and that it was placed on the MPSSAA website only as a convenience for member school systems. Thus, the Montgomery County Athletics Director was not required to use it and could chose a different form that he thought appropriate. Alas, the form developed by the American Academies of Pediatricians and Family Doctors and 4 sports medicine groups was just a guideline. (The State Board and the Maryland Health Secretary need to step in on this issue and establish the 2010 form as the required form as they have done for the health form for students enrolling in a local school system for the first time.)

I am attaching testimony that Kevin Crutchfield, M.D. of LifeBridge Health gave to Maryland legislators in 2011 describing a disturbing encounter during a football game in Montgomery County in October 2010. I am also attaching an article by a sports concussion doctor about a tragic injury in California. Both pieces underscore the need for regulations, not voluntary guidelines in the area of sports concussions.

The State Board Should Remove the Current Limits That Allow It to Only Adopt Sports-Related Regulations That MPSSAA Supports

One obstacle to you adopting the regulations that I have petitioned for is that they have not yet been recommended to you by: (1) Mr. Sparks, in his capacity as MPSSAA Executive Director; (2) a school that is a member of the Maryland Public Secondary School Athletic Association (MPSSAA); (3) an MPSSAA member local superintendent of schools; or (4) an MPSSAA committee.[5] And you would need to plan in advance to consider such a regulation, because it would appear to have to also first be approved by the MPSSAA's board of control, its governing body, which only meets semi-annually in April and December.

The above restriction may be more appropriate for non-health related sports rules, but the State Board cannot accept such a limit on its authority to adopt sports safety rules. It was this kind of restriction that the Ivy League presidents set aside in July 2011 in adopting their own limits on the number of full contact football practices per week rather than waiting for a consensus to work its way through the NCAA review process.

Such a restriction would not be accepted in more traditional areas of public health: A public health department could never limit its authority to perform food safety inspections at restaurants to what the Maryland Restaurant Association prior approval.

Such a restriction is particularly inappropriate given Mr. Sparks and MPSSAA's role in opposing the sports concussion legislation. In a Senate hearing in March 2010, Mr. Sparks said,

> Maybe the most fundamental objection of all is that this [sports concussion legislation] is a sports rule. We don't really believe that a sports rule belongs in a statute.

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[5] Maryland COMAR 13A.06.03.11.A. A proposed amendment to the interscholastic athletics regulations is required to be received by the MPSSAA Executive Director at least 45 days before the annual meeting of the MPSSAA Board of Control. MPSSAA will forward a proposed amendment to the Interscholastic Athletics regulations to the State Superintendent only if the amendment is approved by the MPSSAA Board of Control by a majority vote after being first approved by the MPSSAA's Constitution Committee and any other Committee to which the proposal has been referred. The State Superintendent would then be required to receive comments from local superintendents of schools before the State Superintendent submits recommendations to the State Board for consideration of the proposed amendment.

It is safe to assume that Mr. Sparks does not agree with the Massachusetts DPH that sports concussion requirements belong in a regulation either.[6]

To illustrate principles of statistics and probability, it is said that if you were to put a monkey in front of a typewriter for eternity, eventually it would type out the entire works of Shakespeare. I am pretty sure that if Mr. Sparks and the MPSSAA leadership were put before a typewriter for eternity, they would never tap out the Massachusetts DPH regulations and recommend that you adopt them for Maryland.

Mr. Sparks, MPSSAA, and all the athletic directors and coaches throughout Maryland should be commended for getting 114,500 Maryland students active in sports each year. What they do is an safeguard against the emerging epidemic of obesity in this country and the sports programs they make happen instill important lessons of teamwork and sportsmanship. But the skill set of promoting sports does not transfer over to setting sports safety standards or being the point person for coordinating public health and other sports health professionals.

Thank you for listening to what I have to say. I would be happy to answer any questions you may have.

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[6] A year later, Mr. Sparks supported the sports concussion legislation. He opposed, however, provisions that called for academic accommodations for concussed athletes. He recommended:

> Delete the accommodation requirement. Singling out concussed students for special academic accommodations becomes problematic for teachers, school counselors, and special education departments.

ATTACHMENTS

1. Chart Comparing Sports Concussion Procedures Required by Massachusetts DPH and Those Recommended by the Maryland Athletics Association (MPSSAA) and Montgomery County, MD Athletics Department.

http://www.scribd.com/doc/98413830/Chart-Comparing-Mass-DPH-Concussion-Regs-and-Guidelines-by-MSDE-Staff-and-MCPS-Staff

2. Timeline of Consideration of Sports Concussion Issue in Maryland General Assembly, the State Board of Education, and Maryland Public Secondary School Athletics Association.

http://www.scribd.com/doc/98414046/Sports-Concussions-Timeline-of-Consideration-of-Issue-by-Md-General-Assembly-State-Board-of-Ed-And-Md-Public-Secondary-School-Athletic-Association

3. Unringing the Bell: Lessons From Eveland v. San Marcos Unified School District, by Andrew M. Blecher, M.D., a sports concussion expert.

http://concussioninc.net/?p=5535

4. Testimony by Kevin Crutchfield, M.D., Director of Sports Concussion Programs, Sandra and Malcolm Berman Brain and Spine Institute, Baltimore Md, to Maryland Senate Committee on Education, Health and Environmental Affairs, March 9, 2011.

http://www.scribd.com/doc/98410052/Testimony-of-Kevin-Crutchfield-MD-to-Maryland-Legislature-March-2-2011

5. Survey of Websites for Montgomery County, Md School System's Athletics Dep't and its 25 High Schools for Sports Concussion Information.

http://www.scribd.com/doc/97076363/Survey-of-Website-of-Mcps-Hq-Athletics-Dept-and-25-High-Schools-for-Sports-Concussion-Info

6. Massachusetts Department of Public Health Regulations, Head Injuries and Concussions in Extracurricular Athletic Activities, 105 CMR [Code of Massachusetts Regulations] 201.000. Adopted June 2011.

http://www.scribd.com/doc/94910862/Mass-DPH-Final-Regulation-Re-Sports-Head-Injuries-and-Concussions-in-School-Sports-June-2011

7. Draft Sports Concussion Regulations for Maryland State Board of Education, Modeled on Regulations Adopted by the Massachusetts Department of Public Health in June 2011.

http://www.scribd.com/doc/98415233/MSBE-Sports-Concussion-Md-Draft-COMAR-Rule-CLEAN-06-27-12

8. REDLINED Version of Draft Sports Concussion Regulations for Maryland State Board of Education, Reflecting the Few Changes Made to Regulations Adopted by Massachusetts Department of Public Health

http://www.scribd.com/doc/98415046/MSBE-Sports-Concussion-Md-Draft-COMAR-Rule-REDLINE-06-27-12

Previous Testimony

May 8, 2012—Montgomery County Board of Education: Recommending Limits on Full Contact Practices in Football Similar to NFL and Ivy League
http://www.scribd.com/doc/93095845/Concussion-Testimony-to-MCPS-Bd-of-Ed-MD-05082012-UPDATED

May 21, 2012—Montgomery County Board of Education: Reporting about Presentation by Jon Almquist, Head of Athletic Trainers in Fairfax County, Virginia and a comparison of reported football concussions in 2011 there and in Montgomery County: Fairfax's 25 high schools reported 559, for an average of 22 per school; Montgomery's County's 23 schools reported 45 per school, for an average of 2 per school.

http://www.scribd.com/doc/97421191/Sports-Concussions-Parent-Testimony-to-Montgomery-Cty-Md-Board-of-Ed-May-21-2012-Comparison-of-Sports-Concussion-Surveillance-in-Mont-Cty-and-Fair

May 22, 2012—Maryland State Board of Education: Recommending: (1) the State Board adopt Massachusetts Dep't of Public Health Sports Concussion Regulations from June 2011; (2) Limits on Full Contact Practices in Football Similar to NFL and Ivy League; amd (3) Reorganizing Sports Safety at the MSDE From the Athletics Department and MPSSAA to a newly created position for sports safety, staffed by a public health or sports safety professional.

http://www.scribd.com/doc/98168415/Sports-Concussions-May-22-2012-Parent-Testimony-to-Maryland-State-Bd-of-Ed

June 14, 2012—Montgomery County Board of Education: Recommending that the the Board of Education adopt a concussion policy that would pass muster under Massachusetts DPH regulations.

http://www.scribd.com/doc/97186891/Sports-Concussions-June-14-2012-Parent-Testimony-to-MontCo-Md-Board-of-Ed

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State school board looking into head injuries

Board concerned that not enough focus is put on prevention

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By Liz Bowie, The Baltimore Sun
8:22 p.m. EDT, June 26, 2012

Amid an increased awareness of concussions in sports (the NFL and Ivy League universities have limited football practices involving contact), the Maryland state school board is questioning whether action is needed to prevent head injuries in young athletes.

The state school board said Tuesday it would form a group that will include health experts, educators and athletic directors to study whether the state is doing enough to reduce the number of concussions in student athletes. The move follows an increased nationwide focus on brain traumas that football players, particularly in the NFL, have suffered after repeated concussions.

It also follows passage of a state law in 2011 requiring local school systems to certify that coaches in certain sports have watched a training video about concussions. The law recommends that athletes with concussion symptoms be pulled off the field and not allowed to return until a physician has cleared them. Coaches must send home a note to parents if a student has suffered a blow that could have caused a concussion.

Pop Warner youth football league also said recently it would implement new rules for the 2012 season that limit contact drills to one-third of the time athletes practice. In addition, the organization is banning full-speed, head-on blocking and tackling for youth ages 5 to 16.

Thomas Hearn, a Montgomery County parent whose son received a concussion playing football at Walt Whitman High School, has testified before the state school board and Montgomery County school board, asking members to consider requiring parents to get more training in recognizing the signs of concussions and limiting the number of contact practices. He said the new state law doesn't go far enough.

High school students can still have contact practices twice a day and five days a week, Hearn said. While there are no reliable statistics on how many of the 115,000 athletes in public schools in the state suffer concussions while playing sports, he suggested that if you extrapolate from the experience of Virginia school systems that have kept careful records, there may be as many as 6,000 a year in Maryland.

"Between now and the start of football season in August, you need to consider why you shouldn't at least adopt the NFL and Ivy League limits for Maryland high school football," Hearn said in his testimony before the board last month.

In 2011, the NFL limited practices with contact to about one a week. While the NCAA does not have the limits, the Ivy League adopted rules last July that permitted no more than two practices with contact a week.

The limits are intended to reduce the number of concussive hits players experience. Tackles or hits also can produce subconcussive injuries that do not have symptoms but over time have been shown

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to increase the risk of long-term health issues.

State school board members said they found Hearn's testimony so compelling that they asked for a briefing on the subject.

Edward Sparks, who heads the Maryland Public Secondary Schools Athletic Association, said most teams only have contact practices about twice a week. He said questions have been raised about whether cutting back on contact can "lessen your skills, lessen your technique and increase your chances for other injuries. No one has answered it yet."

Board members repeatedly asked Sparks whether anyone in Maryland is looking into prevention as opposed to actions that should be taken once a student suffers an injury.

"We keep using the word concussion, and what we are really talking about is traumatic brain injuries," said Ivan C.A. Walks, a board member and medical doctor. Walks proposed the board form a committee to look at whether the school board should further regulate sports. Sports issues are usually controlled by the schools' athletic association.

Other organizations have adopted measures to prevent further injury when an athlete suffers a concussion.

The NFL mandates that a player who shows concussion symptoms can't return to practice or a game on the same day. Once removed, the player must not be reinstated "until he is fully asymptomatic, both at rest and after exertion, has normal neurological examination, normal neuropsychological testing, and has been cleared to return." Symptoms include loss of consciousness, confusion, memory loss, dizziness or balance problems, and persistent headaches.

The NCAA similarly bars student-athletes who show concussion symptoms from practice or competition for the remainder of the day. The NCAA also requires that institutions have a plan on file that outlines how to educate student-athletes on head injuries, the process of removing a student-athlete with concussion symptoms and the steps needed for that athlete to be cleared by a physician.

Reporters Zach Helfand and Katherine Dunn contributed to this report.

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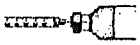
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DRAFT 06-27-2012

~~105 CMR 201.000~~ 13A.06.08

HEAD INJURIES AND CONCUSSIONS IN EXTRACURRICULAR ATHLETIC ACTIVITIES

Section

~~201.001~~13A.06.08.01: Purpose
13A.06.08.02~~201.002~~: ———Authority
13A.06.08.03~~201.003~~: ———Citation
13A.06.08.04~~201.004~~: ———Scope
13A.06.08.05~~201.005~~: ———Definitions
13A.06.08.06~~201.006~~: ———School Policies
13A.06.08.07~~201.007~~: ———Training Program
13A.06.08.08~~201.008~~: ———Participation Requirements for Students and Parents
13A.06.08.09~~201.009~~ Documentation and Review Head Injury and Concussion History and Forms
13A.06.08.10~~201.010~~: ———Exclusion from Play
13A.06.08.11~~201.011~~: ———Medical Clearance and Authorization to Return to Play
13A.06.08.12~~201.012~~: ———Responsibilities of the Athletic Director
13A.06.08.13~~201.013~~: ———Responsibilities of Coaches
13A.06.08.14~~201.014~~: Responsibilities of Certified Athletic Trainers
13A.06.08.15~~201.015~~: ———Responsibilities of the School Nurse
13A.06.08.16~~201.016~~: ———Record Maintenance
13A.06.08.17~~201.017~~: Reporting

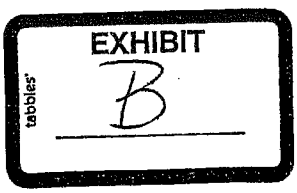
13A.06.08.01~~201.001~~: Purpose ..... Formatted: No underline

The purpose of ~~105 CMR 201.000~~13A.06.08 is to provide standardized procedures for persons involved in the prevention, training, management and return to activity decisions regarding students who incur head injuries while involved in extracurricular athletic activities, including but not limited to interscholastic sports, in order to protect their health and safety.

13A.06.08.02~~201.002~~: Authority ..... Formatted: No underline

~~105 CMR 201.000~~13A.06.08 is promulgated pursuant to Education Article, sections 2-205 and 7-401, Annotated Code of Maryland ~~M.G.L. c. 111, § 222.~~ ..... Formatted: No underline Formatted: No underline

13A.06.08.03~~201.003~~: Citation ..... Formatted: No underline



~~105 CMR 201.000~~13A.06.08 shall be known and may be cited as ~~105 CMR 201.000~~13A.06.08: *Head Injuries and Concussions in Extracurricular Athletic Activities.*

13A.06.08.04~~201.004~~: Scope

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The requirements of ~~105 CMR 201.000~~13A.06.08 shall apply to all public middle and high schools, ~~however configured,~~ serving grades six through high school graduation~~, and other schools subject to the official rules of the Massachusetts Interscholastic Athletic Association~~. The requirements of ~~105 CMR 201.000~~13A.06.08 shall apply to students who participate in any extracurricular athletic activity.

Comment: [TH1]: Comparable regulations issued by the Maryland DHMH would cover all organized sports involving children who are under the age of 19.

13A.06.08.05~~201.005~~: Definitions

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As used in 13A.06.08~~105 CMR 201.000~~, unless the context clearly requires otherwise, the following words shall have the following meanings:

Athlete means a student who prepares for or participates in an extracurricular athletic activity.

Athletic Director means an individual employed by a school district or school and responsible for administering the athletic program or programs of a school. The term Athletic Director refers to the Director and Assistant Directors. For schools that do not employ an Athletic Director, the term Athletic Director refers to the individual designated to be responsible for administering the athletic program or programs of a school.

Board of Health means the board of health referred to in Health-General Article, sections 3-201.

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Centers for Disease Control and Prevention refers to one of the major agencies of the United States Department of Health and Human Services with a mission to protect the health of people and communities through health promotion, prevention of disease, injury and disability.

Certified athletic trainer means any person who is licensed by the Maryland Board of Physicians ~~Board of Registration in Allied Health Professions in accordance with M.G.L. c. 112, § 23A and 259 CMR 4.00~~in accordance with applicable Maryland law and regulations as a professional athletic trainer and whose practice includes schools and extracurricular athletic activities. ~~*Pursuant to M.G.L. c. 112, § 23A, the certified athletic trainer practices under the direction of a physician duly registered in the Commonwealth.*~~

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Coach means an employee or volunteer responsible for organizing and supervising student athletes to teach them the fundamental skills of extracurricular athletic activities. The term coach refers to both head coaches and assistant coaches.

~~Commissioner~~ Secretary means the ~~Commissioner of the Department of Public Health~~Secretary of the Maryland Department of Health and Mental Hygiene or his designee.

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.

Department means the Maryland State Department of ~~Public Health~~Education.

Diagnosed means a physician's or nurse practitioner's opinion, derived from observation, examination, and evaluation of procedures or tests of a patient, that the patient has or had a concussion.

Extracurricular athletic activity means an organized school sponsored athletic activity generally occurring outside of school instructional hours under the direction of a coach, athletic director or band leader including but not limited to Alpine and Nordic skiing and snowboarding, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, horseback riding, ice hockey, lacrosse, marching band, rifle, rugby, soccer, skating, softball, squash, swimming and diving, tennis, track (indoor and outdoor), ultimate frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be extracurricular athletic activities.

Game official means a person who officiates at an extracurricular athletic activity, such as a referee or umpire including but not limited to persons enrolled as game officials in ~~Massachusetts Interscholastic Athletic Association~~Maryland Public Secondary School Athletic Association.

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 this regulation, ~~105 CMR 201.000~~13A.06.08.

Health Officer means a health officer appoint pursuant to Health-General Article, sections 3-302, Annotated Code of Maryland.

~~Massachusetts Interscholastic~~Maryland Public Secondary School Athletic Association (~~MIAA~~MPSSAA) is a private, non-profit association organized by its member public schools ~~, public and private,~~ to govern, coordinate and promote athletic activities in 33 or more sports for high school students.

~~MIAA~~ MPSSAA member schools means all schools, whether public or private, that participate in interscholastic athletics under the auspices and rules of the ~~Massachusetts Interscholastic~~Maryland Public Secondary School Athletic Association.

Neuropsychologist means a professional who is licensed as a psychologist and certified as a health service provider by the ~~Board of Registration of Psychologists~~Maryland Board of Psychologists pursuant to ~~M.G.L. c. 112, §§118 through 129A~~pursuant to applicable Maryland law and regulations with additional specialized training and expertise in the applied science of brain-behavior relationships and who has specific experience in evaluating neurocognitive, behavioral and psychological conditions and their relationship to central nervous system functioning. The neuropsychologist has specialized experience in administering and interpreting neuropsychological tests and has duties which may include, but are not limited to, pre-injury measurement of the cognitive abilities that may be disturbed by a concussion, testing within the first few days post-head injury, and periodic retesting to track resolution of the student's symptoms and improvement in cognitive functioning. The neuropsychologist may also advise school staff regarding the student's need for post injury academic accommodations.

Nurse practitioner means a duly licensed and registered nurse authorized to practice in an expanded role as a nurse practitioner whose professional activities include performing physical examinations, diagnosing health and developmental problems, managing therapeutic regimens, and ordering therapies and tests.

Parent means the parent or guardian or foster parent of a student.

Physician means a duly licensed doctor of medicine or osteopathy.

Play means a practice or competition.

School means a single school that operates under the direct administration of a principal, head master, director or school leader appointed by a school district, or a charter school board or independent school board of trustees. School includes a public school operated by a local school board and a private school. ~~municipal or regional school district, an education collaborative established under M.G.L. c. 40, § 4E, or a school granted a charter by the Board of Elementary and Secondary Education under M.G.L. c. 71, § 89 and 603 CMR 1.00: *Charter Schools* and operated by a board of trustees including Commonwealth and Horace Mann charter schools. School includes, but is not limited to, public and other schools that are members of MIAA. The term does not include associations of home-schooled students.~~

School-based equivalent means a form or format that a ~~school district~~local school board or school develops in lieu of Department of ~~Public Health~~Education forms, which at minimum include all of the information required by the most current Department form posted on the Department's website.

School district means a municipal school department or regional school district, acting through its school committee or superintendent of schools; a county agricultural school, acting through its board of trustees or superintendent director; a charter school, acting through its board of trustees or school leader; an educational collaborative; or any other public school established by statute or charter, acting through its governing board.

School nurse means a nurse practicing in a public or private school setting who is licensed to practice as a Registered Nurse by the ~~Board of Registration in Nursing pursuant to M.G.L. c. 112~~Maryland Board of Nursing pursuant to applicable Maryland law and regulations, ~~who is licensed to work as an educator in a school by the Department of Elementary and Secondary Education pursuant to 603 CMR 7.00: *Educator Licensure and Preparation Program Approval*, and who is appointed or assigned to a public school by a school committee or a board of health in accordance with M.G.L. c. 71, § 53 or employed by a superintendency district comprised of several towns in accordance with M.G.L. c. 71, §§ 53A and 53B or, who is employed, in the case of a charter or private school, by a board of trustees.~~

School physician means a licensed physician practicing in a school setting. ~~including but not limited to a physician who is appointed or employed by a school committee or board of health in accordance with M.G.L. c. 71, § 53, or employed by a superintendency district comprised of several towns in accordance M.G.L. c. 71, §§ 53A, 53B or, in the case of a charter or private school, by the board of trustees. School physician includes, but is not limited to, physicians assigned to examine children who apply for health certificates in order to obtain an employment permit pursuant to M.G.L. c. 71, § 54 and team physicians.~~

School health advisory/wellness committee means a committee consisting of school and community members who advise a school ~~district~~ board and a local Board of Health on its comprehensive, coordinated school health program.

Second impact syndrome means a potentially lethal condition that can occur when a person sustains a head injury prior to complete healing of a previous brain injury, causing dysregulation of cerebral blood flow with subsequent vascular engorgement.

Sports means extracurricular athletic activities.

Student means a person enrolled for part-time or full-time attendance in an educational program operated by a school or school district, including home schoolers.

Teacher means any person employed in a school or school district under a license listed in ~~603 CMR 7.00~~13A.12.02: ~~*Educator Licensure and Preparation Program Approval* or person employed to teach students in a non-public school~~.

Team physician means a physician assigned to an interscholastic football game played by any team representing a public secondary school in the ~~Commonwealth pursuant to M.G.L. c. 71, § 54A~~Maryland.

Trainer means a person who provides students who participate in an extracurricular athletic activity with health and fitness instruction, including but not limited to the fundamental skills of performance, strength, or conditioning, but who is not licensed as a certified athletic trainer.

Traumatic brain injury (TBI) means a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. TBI may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head. TBI includes, but is not limited to, a concussion.

Volunteer means an adult who volunteers as a game official, coach, assistant coach, team parent, physician, nurse, or in an authoritative role to assist students who are engaged in an extracurricular athletic activity.

13A.06.08.06~~201.006~~: School Policies

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A. All local school ~~districts~~ boards and schools shall have policies and procedures governing the prevention and management of sports-related head injuries within the school district or school. The ~~School Committee or Board of Trustees~~local school boards and schools and ~~, consulting with~~ the local Health Officer and Board of Health where appropriate, shall adopt policies and procedures governing the prevention and management of sports-related head injuries within the school district or school following development of a proposal by a team consisting, at a minimum, of a school administrator, school nurse, school or team physician if on staff, athletic director, certified athletic trainer if on staff, neuropsychologist if available, guidance counselor, and teacher in consultation with any existing school health/wellness advisory committee. Policies and procedures shall address sports-related head injuries occurring in extracurricular athletic activities but may be applied to all head injuries in students. Review and revision of such policies and procedures shall occur as needed but at least every two years. At a minimum, these policies shall include:

(1) Designation, by the superintendent or ~~or head master,~~ principal ~~or school leader~~, of the person responsible for the implementation of these policies and protocols, either the Athletic Director or other school personnel with administrative authority;

(2) Annual training of persons specified in ~~105 CMR 201.007~~13A.60.08.07 in the prevention and recognition of sports-related head injury, and associated health risks including second impact syndrome, utilizing Department-approved training materials or program, and documentation of each person's completion of such training;

(3) Documentation of a physical examination prior to a student's participation in extracurricular athletic activities on an annual basis consistent with ~~105 CMR 200.100(B)(3)~~13A.06.03.02.I; ~~*Physical Examination of School Children*~~; and information for students participating in multiple sports seasons that documentation of one physical examination each year is sufficient;

(4) Procedure for the school to obtain and ensure review, prior to each sports season, of current information regarding an athlete's history of head injuries and concussions using either the Department Pre-participation Head Injury/Concussion Reporting Form For Extracurricular Activities (herein after "Pre-participation Form"), or school-based equivalent;

(5) Procedure for medical or nursing review of all Pre-participation Forms indicating a history of head injury;

(6) Procedure for the school to obtain and ensure timely medical or nursing review of a Department Report of a Head Injury During Sports Season Form (herein after "Report of Head Injury Form"), or school-based equivalent, in the event of a head injury or suspected concussion that takes place during the extracurricular activity season;

(7) Procedure for reporting head injuries or suspected concussions sustained during extracurricular athletic activities to the school nurse and certified athletic trainer, if on staff;

(8) Procedure for identifying a head injury or suspected concussion, removing an athlete from practice or competition, and referring for medical evaluation;

(9) The protocol for medical clearance for return to play after a concussion that at minimum complies with ~~105 CMR 201.011~~13A.06.08.11;

(10) Procedure for the development and implementation of post-concussion graduated reentry plans to school and academic activities, if indicated, by persons specified in ~~105 CMR 201.010(E)(1)~~13A.06.08.10(E)(1);

(11) Procedure for providing information, and necessary forms and materials, to all parents and athletes including the:
  (a) annual training requirement,
  (b) procedure for the school to notify parents when an athlete has been removed from play for a head injury or suspected concussion sustained during an extracurricular athletic activity,
  (c) protocol for obtaining medical clearance for return to play and academics after a diagnosed concussion,
  (d) parent's responsibility for completion of the Pre-participation Form, or school-based equivalent, and
  (e) parent's responsibility for completion of the Report of a Head Injury Form, or school-based equivalent;

(12) Inclusion in the student and parent handbooks of information regarding the sports-related head injury policy and how to obtain the policy;

(13) Procedure for communicating with parents with limited English proficiency;

(14) Procedure for outreach to parents who do not return completed forms required for students to participate in extracurricular sports and for how to handle situations where a student verifies completion of the annual training requirement but a parent has not;

(15) Procedure for sharing information concerning an athlete's history of head injury and concussion, recuperation, reentry plan, and authorization to return to play and academic activities on a need to know basis consistent with requirements of 105 CMR 201.000 and applicable federal and state law including but not limited to the ~~Massachusetts~~ Maryland Student Records Regulations, ~~603 CMR 23.00~~13A.08.02, and the Federal Family Educational Rights and Privacy Act Regulations, 34 CFR Part 99.

(16) Instructions to coaches, certified athletic trainers, trainers, and volunteers (a) to teach form, techniques, and skills and promote protective equipment use to minimize sports-related head injury, and (b) to prohibit athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, such as using a helmet or any other sports equipment as a weapon;

(17) Penalties, including but not limited to personnel sanctions and forfeiture of games, for failure to comply with provisions of the school district's or school's policy.

B. A link to t~~T~~hese policies and procedures shall be included at the website of each local board and each school. Further, these policies and procedures shall be made available to any one of the following parties upon request: the Maryland Department of Health and Mental Hygiene, the local Board of Health, the local Health Officer, ~~and to the Department of Elementary and Secondary Education~~Maryland State Department of Education, or any resident of Maryland~~upon request~~.

C. The ~~school or school district~~local school board or school shall provide the Department with an affirmation, on ~~school or school district~~local school board or school letterhead, that it has developed policies in accordance with ~~105 CMR 201.000~~13A.06.08 by January 1, ~~2012~~2013. This affirmation shall be updated by September 30, ~~2013~~ 2014 and every two years thereafter upon review or revision of its policies.

13A.06.08.07~~201.007~~: Training Program

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A. The following persons annually shall complete one of the head injury safety training programs approved by the Department as specified on the Department's website:

(1) Coaches;

(2) Certified athletic trainers;

(3) Trainers;

(4) Volunteers;

(5) School and team physicians;

(6) School nurses;

(7) Athletic Directors;

(8) Directors responsible for a school marching band, whether employed by a ~~school or school district~~local school board or school or serving in such capacity as a volunteer;

(9) Parents of a student who participates in an extracurricular athletic activity; and

(10) Students who participate in an extracurricular athletic activity.

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

C. Each school shall maintain a record of completion of annual training for all persons specified by ~~105 CMR 201.007(A)~~13A.06.08.07(A) through:

(1) a certification of completion for any Department-approved on-line course; or

(2) a signed acknowledgment that the individual has read and understands Department-approved written materials required by ~~105 CMR 201.008(A)(1)~~13A.06.08.10(A)(1); or

(3) an attendance roster from a session using Department-approved training; or

(4) other means specified in school policies and procedures.

D. If a ~~school district or school~~local school board or school offers head injury safety training to guidance counselors, physical education teachers, classroom teachers or other school personnel, the ~~school district or school~~local school board or school at minimum shall offer one of the current head injury safety training programs approved by the Department as specified on the Department's website.

E. Game officials shall complete one of the training programs approved by the Department as specified on the Department's website annually and shall provide independent verification of completion of the training requirement to ~~schools or school districts~~local school boards or schools upon request.

13A.06.08.08~~201.008~~: Participation Requirements for Students and Parents

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A. Pre-participation Requirements:

(1) Each year, a ~~school district or school~~local school board or school shall provide current Department-approved training, written materials or a list and internet links for Department-approved on-line courses to all students who plan to participate in extracurricular athletic activities and their parents in advance of the student's participation.

(2) All students who plan to participate in extracurricular athletic activities and their parents shall satisfy the following pre-participation requirements:

(a) Each year, before the student begins practice or competition, the student and the parent shall:

(i) Complete current Department-approved training regarding head injuries and concussions in extracurricular athletic activities; and

(ii) Provide the school with a certificate of completion for any Department-approved on-line course or a signed acknowledgement that they have read and understand Department-approved written materials, unless they have attended a school-sponsored training at which attendance is recorded or satisfied other means specified in school policies.

(b) Before the start of every sports season, the student and the parent shall complete and submit a current Pre-participation Form, or school-based equivalent, signed by both, which provides a comprehensive history with up-to-date information relative to concussion history; any head, face or cervical spine injury history; and any history of co-existent concussive injuries.

B. Ongoing Requirements:

If a student sustains a head injury or concussion during the season, but not while participating in an extracurricular athletic activity, the parent shall complete the Report of Head Injury Form, or a school-based equivalent, and submit it to the coach, school nurse or person specified in school policies and procedures.

13A.06.08.09~~201.009~~: Documentation and Review of Head Injury and Concussion History and Forms

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A. The school shall ensure that all forms or information from all forms that are required by 13A.06.08 ~~105 CMR 201.000~~ are completed and reviewed, and shall make arrangements for:

(1) Timely review of all Pre-participation and Report of Head Injury Forms, and school-based equivalents, by coaches so as to identify students who are at greater risk of repeated head injuries.

(2) Timely review of all Pre-participation Forms which indicate a history of head injury and Report of Head Injury Forms, or school-based equivalents, by:
(a) the school nurse, and
(b) the school physician if appropriate; and

(3) Timely review of accurate, updated information regarding each athlete who has reported a history of head injury or a head injury during the sports season by:
(a) the team's physician if any, and
(b) the school's certified athletic trainer if any.

B. The school may use a student's history of head injury or concussion as a factor to determine whether to allow the student to participate in an extracurricular athletic activity or whether to allow such participation under specific conditions or modifications.

13A.06.08.10~~201.010~~: Exclusion from Play

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A. 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 the practice or competition immediately and may not return to the practice or competition that day.

B. The student shall not return to practice or competition unless and until the student provides medical clearance and authorization as specified in 13A.06.08.11~~105 CMR 201.011~~.

C. 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 also must provide this information to the parent in writing, whether paper or electronic format, by the end of the next business day.

D. The coach or his or her designee shall communicate, by the end of the next business day, with 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.

E. Symptoms of a head injury or concussion may not present themselves until after a practice or game has ended and the student has returned to his or her parents. Thus, parents, teachers, classmates or teammates may be the first to suspect that a student athlete has sustained a head injury or concussion. If a parent, teacher, classmate or teammate suspects that a student athlete has sustained a head injury or concussion, he or she shall communicate the nature of the injury directly to the coach in person or by phone and complete the Report of Head Injury Form, or a school-based equivalent, and submit it to the coach, school nurse or person specified in school policies and procedures.

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~~E.~~F. Each student who is removed from practice or competition and subsequently diagnosed with a concussion shall have a written graduated reentry plan for return to full academic and extracurricular athletic activities.

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(1) The plan shall be developed by the student's teachers, the student's guidance counselor, school nurse, certified athletic trainer if on staff, neuropsychologist if available or involved, parent, members of the building-based student support and assistance team or individualized

education program team as appropriate and in consultation with the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.

(2) The written plan shall include instructions for students, parents and school personnel, addressing but not be limited to:
  (a) Physical and cognitive rest as appropriate;
  (b) Graduated return to extracurricular athletic activities and classroom studies as appropriate, including accommodations or modifications as needed;
  (c) Estimated time intervals for resumption of activities;
  (d) Frequency of assessments, as appropriate, by the school nurse, school physician, team physician, certified athletic trainer if on staff, or neuropsychologist if available until full return to classroom activities and extracurricular athletic activities are authorized; and
  (e) A plan for communication and coordination between and among school personnel and between the school, the parent, and the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.

(3) The student must be completely symptom free and medically cleared as defined in 13A.06.08.11 ~~105 CMR 201.011~~ in order to begin graduated reentry to extracurricular athletic activities.

13A.06.08.11~~201.011~~: Medical Clearance and Authorization to Return to Play

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Each student who is removed from practice or competition for a head injury or suspected concussion, or loses consciousness, even briefly, or exhibits signs and symptoms of a concussion, shall obtain and present to the Athletic Director, unless another person is specified in school policy or procedure, a Department Post Sports-Related Head Injury Medical Clearance and Authorization Form (herein after "Medical Clearance and Authorization Form"), or school-based equivalent, prior to resuming the extracurricular athletic activity. This form must be completed ~~by a physician or~~ one of the individuals as authorized by 13A.06.08.11 ~~105 CMR 201.011~~(A). The ultimate return to play decision is a medical decision that may involve a multidisciplinary approach, including consultation with parents, the school nurse and teachers as appropriate.

A. Only the following individuals may authorize a student to return to play:

(1) A duly licensed physician who is trained in the evaluation and management of concussions;

(2) A duly licensed certified athletic trainer in consultation with a licensed physician;

(3) A duly licensed nurse practitioner in consultation with a licensed physician; or

(4) A duly licensed psychologist neuropsychologically trained in the evaluation and management of concussions or who has postdoctoral training in neuropsychology and specific training in the evaluation and management of concussions~~A duly licensed neuropsychologist in coordination with the physician managing the student's recovery~~.

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B. By September 2013, physicians, nurse practitioners, certified athletic trainers, and neuropsychologists providing medical clearance for return to play shall verify that they have received Department-approved training in post traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education.

13A.06.08.12~~201.012~~: Responsibilities of the Athletic Director

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A. The Athletic Director shall participate in the development and biannual review of the policies and procedures required by ~~105 CMR 201.006~~13A.06.08.06 for the prevention and management of sports-related head injuries within the school district or school.

B. The Athletic Director shall complete the annual training as required by ~~105 CMR 201.007~~13A.06.08.07.

C. The Athletic Director, unless school policies and procedures provide otherwise, shall be responsible for:

(1) Ensuring that the training requirements for staff, parents, volunteers, coaches and students are met, recorded, and records are maintained in accord with ~~105 CMR 201.016~~13A.06.08.16;

(2) Ensuring that all students meet the physical examination requirements consistent with ~~105 CMR 200.000~~13A.06.03.02.1 ~~: *Physical Examination of School Children*~~ prior to participation in any extracurricular athletic activity;

(3) Ensuring that all students participating in extracurricular athletic activities have completed and submitted Pre-participation Forms, or school-based equivalents, prior to participation each season;

(4) Ensuring that student Pre-participation Forms, or school-based equivalents, are reviewed according to ~~105 CMR 201.009(A)~~13A.06.08.09(A);

(5) Ensuring that Report of Head Injury Forms, or school-based equivalents, are completed by the parent or coach and reviewed by the coach, school nurse, certified athletic trainer and school physician as

specified in ~~105 CMR 201.009(A)~~13A.06.08.09(A);

(6) Ensuring that athletes are prohibited from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon; and

(7) Reporting annual statistics to the Department in accord with ~~105 CMR 201.017~~13A.06.08.17.

13A.06.08.13~~201.013~~: Responsibilities of Coaches

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A. Coaches shall be responsible for:

(1) Completing the annual training as required by ~~105 CMR 201.007~~13A.06.08.07;

(2) Reviewing Pre-participation Forms, or school-based equivalents, so as to identify those athletes who are at greater risk for repeated head injuries;

(3) Completing a Report of Head Injury Form, or school-based equivalent, upon identification of a student with a head injury or suspected concussion that occurs during practice or competition;

(4) Receiving, unless otherwise specified in school policies and procedures, and reviewing forms that are completed by a parent which report a head injury during the sports season, but outside of an extracurricular athletic activity, so as to identify those athletes who are at greater risk for repeated head injuries;

(5) Transmitting promptly forms in ~~105 CMR 201.013(A)(2)~~13A.06.08.13(A)(2) and (3) to the school nurse for review and maintenance in the student's health record, unless otherwise specified in school policies and procedures;

(6) Teaching techniques aimed at minimizing sports-related head injury;

(7) ~~Discouraging and p~~Prohibiting athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon; and

(8) Identifying athletes with suspected head injuries or ~~suspected~~ concussions that occur in practice or competition and removing them from play.

B. Coaches are responsible for communicating promptly with the parent of any student removed from practice or competition as directed in ~~105 CMR~~

~~201.010(C)~~ 13A.06.08.10(C) and with the Athletic Director and school nurse as directed in ~~105 CMR 201.010(D)~~13A.06.08.10(D).

13A.06.08.14~~201.014~~: Responsibilities of the Certified Athletic Trainers

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Certified athletic trainers, if on staff, shall be responsible for:

A. Participating in the development and biannual review of the policies and procedures required by ~~105 CMR 201.006~~13A.06.08.06 for the prevention and management of sports-related head injuries within the school district or school;

B. Completing the annual training as required by ~~105 CMR 201.007~~13A.06.08.07;

C. Reviewing information from Pre-participation Forms, or school-based equivalents, which indicate a history of head injury and from Report of Head Injury Forms, or school-based equivalents, to identify students who are at greater risk for repeated head injuries;

D. Identifying athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play; and

E. Participating, if available, in the graduated reentry planning and implementation for students who have been diagnosed with a concussion.

13A.06.08.15~~201.015~~: Responsibilities of the School Nurse

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The School Nurse shall be responsible for:

A. Participating in the development and biannual review of the policies and procedures required by ~~105 CMR 201.006~~13A.06.08.06 for the prevention and management of sports-related head injuries within the school district or school;

B. Completing the annual training as required by ~~105 CMR 201.007~~13A.06.08.07;

C. Reviewing, or arranging for the school physician to review, completed Pre-participation Forms, or school-based equivalents, that indicate a history of head injury and following up with parents as needed prior to the student's participation in extracurricular athletic activities;

D. Reviewing, or arranging for the school physician to review, Report of Head Injury Forms, or school-based equivalents, and following up with the coach and parent as needed;

E. Maintaining (1) Pre-participation Forms, or school-based equivalents, and (2) Report of Head Injury Forms, or school-based equivalents, in the student's health record;

F. Participating in the graduated reentry planning for students who have been diagnosed with a concussion to discuss any necessary accommodations or modifications with respect to academics, course requirements, homework,

testing, scheduling and other aspects of school activities consistent with a graduated reentry plan for return to full academic and extracurricular athletic activities after a head injury and revising the health care plan as needed;

G. 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 required by ~~105 CMR 201.010(E)~~13A.06.08/10(E) is being followed; and

H. Providing ongoing educational materials on head injury and concussion to teachers, staff and students.

13A.06.08.16~~201.016~~: Record Maintenance

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A. The school, consistent with any applicable state and federal law, shall maintain the following records for three years or at a minimum until the student graduates:

(1) Verifications of completion of annual training and receipt of materials;

(2) Department Pre-participation Forms, or school-based equivalents;

(3) Department Report of Head Injury Forms, or school-based equivalents;

(4) Department Medical Clearance and Authorization Forms, or school-based equivalents; and

(5) Graduated reentry plans for return to full academic and extracurricular athletic activities.

B. The school shall make these records available to the Department and the ~~Department of Elementary and Secondary Education~~the Health Officer for the local jurisdiction, upon request or in connection with any inspection or program review.

13A.06.08.17~~201.017~~: Reporting

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Starting school year ~~2011-2012~~2012-2013, schools shall be responsible for maintaining and reporting annual statistics on a Department form or electronic format that at minimum report:

A. The total number of Department Report of Head Injury Forms, or school-based equivalents, received by the school, disaggregated by sport and gender; and

B. The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities, disaggregated by sport and gender.

Each school shall provide at its website statistics regarding sports concussions reflecting the number information in A and B.

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REGULATORY AUTHORITY

13A.06.08~~105 CMR 201.000~~: ~~M.G.L. c. 111, §222~~Code of Maryland, Education Article, sections 2-205 and 7-401.

Section

201.001: Purpose
201.002: Authority
201.003: Citation
201.004: Scope
201.005: Definitions
201.006: School Policies
201.007: Training Program
201 008: Participation Requirements for Students and Parents
201.009: Documentation and Review of Head Injury and Concussion History and Forms
201 010: Exclusion from Play
201.011: Medical Clearance and Authorization to Return to Play
201.012: Responsibilities of the Athletic Director
201.013: Responsibilities of Coaches
201.014: Responsibilities of Certified Athletic Trainers
201.015: Responsibilities of the School Nurse
201.016: Record Maintenance
201.017: Reporting

201.001: Purpose

The purpose of 105 CMR 201.000 is to provide standardized procedures for persons involved in the prevention, training, management and return to activity decisions regarding students who incur head injuries while involved in extracurricular athletic activities, including but not limited to interscholastic sports, in order to protect their health and safety.

201.002: Authority

105 CMR 201.000 is promulgated pursuant to M.G.L. c. 111, § 222.

201.003: Citation

105 CMR 201.000 shall be known and may be cited as 105 CMR 201.000: *Head Injuries and Concussions in Extracurricular Athletic Activities*.

201.004: Scope

The requirements of 105 CMR 201.000 shall apply to all public middle and high schools, however configured, serving grades six through high school graduation, and other schools subject to the official rules of the Massachusetts Interscholastic Athletic Association. The requirements of 105 CMR 201.000 shall apply to students who participate in any extracurricular athletic activity.

201.005: Definitions

As used in 105 CMR 201.000, unless the context clearly requires otherwise, the following words shall have the following meanings:

Athlete means a student who prepares for or participates in an extracurricular athletic activity.

Athletic Director means an individual employed by a school district or school and responsible for administering the athletic program or programs of a school. The term Athletic Director refers to the Director and Assistant Directors. For schools that do not employ an Athletic Director, the term Athletic Director refers to the individual designated to be responsible for administering the athletic program or programs of a school.

201.005: continued

Centers for Disease Control and Prevention refers to one of the major agencies of the United States Department of Health and Human Services with a mission to protect the health of people and communities through health promotion, prevention of disease, injury and disability.

Certified Athletic Trainer means any person who is licensed by the Board of Registration in Allied Health Professions in accordance with M.G.L. c. 112, § 23A and 259 CMR 4.00 as a professional athletic trainer and whose practice includes schools and extracurricular athletic activities. Pursuant to M.G.L. c. 112, § 23A, the athletic trainer practices under the direction of a physician duly registered in the Commonwealth.

Coach means an employee or volunteer responsible for organizing and supervising student athletes to teach them the fundamental skills of extracurricular athletic activities. The term coach refers to both head coaches and assistant coaches.

Commissioner means the Commissioner of the Department of Public Health or his or her designee.

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.

Department means the Department of Public Health.

Diagnosed means a physician's or nurse practitioner's opinion, derived from observation, examination, and evaluation of procedures or tests of a patient, that the patient has or had a concussion.

Extracurricular Athletic Activity means an organized school sponsored athletic activity generally occurring outside of school instructional hours under the direction of a coach, athletic director or band leader including but not limited to Alpine and Nordic skiing and snowboarding, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, horseback riding, ice hockey, lacrosse, marching band, rifle, rugby, soccer, skating, softball, squash, swimming and diving, tennis, track (indoor and outdoor), ultimate frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be extracurricular athletic activities.

Game Official means a person who officiates at an extracurricular athletic activity, such as a referee or umpire including but not limited to persons enrolled as game officials in Massachusetts Interscholastic Athletic Association.

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.

Massachusetts Interscholastic Athletic Association (MIAA) is a private, non-profit association organized by its member schools, public and private, to govern, coordinate and promote athletic activities in 33 or more sports for high school students.

MIAA Member Schools means all schools, whether public or private, that participate in interscholastic athletics under the auspices and rules of the Massachusetts Interscholastic Athletic Association.

201.005: continued

School Health Advisory/Wellness Committee means a committee consisting of school and community members who advise a school district on its comprehensive, coordinated school health program.

Second Impact Syndrome means a potentially lethal condition that can occur when a person sustains a head injury prior to complete healing of a previous brain injury, causing dysregulation of cerebral blood flow with subsequent vascular engorgement.

Sports means extracurricular athletic activities.

Student means a person enrolled for part-time or full-time attendance in an educational program operated by a school or school district, including home schoolers.

Teacher is any person employed in a school or school district under a license listed in 603 CMR 7.00: *Educator Licensure and Preparation Program Approval* or person employed to teach students in a non-public school.

Team Physician means a physician assigned to an interscholastic football game played by any team representing a public secondary school in the Commonwealth pursuant to M.G.L. c. 71, § 54A.

Trainer means a person who provides students who participate in an extracurricular athletic activity with health and fitness instruction, including but not limited to the fundamental skills of performance, strength, or conditioning, but who is not licensed as a certified athletic trainer.

Traumatic Brain Injury (TBI) means a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. TBI may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head. TBI includes, but is not limited to, a concussion.

Volunteer means an adult who volunteers as a game official, coach, assistant coach, team parent, physician, nurse, or in an authoritative role to assist students who are engaged in an extracurricular athletic activity.

201.006: School Policies

(A) All school districts and schools must have policies and procedures governing the prevention and management of sports-related head injuries within the school district or school. The School Committee or Board of Trustees, consulting with the Board of Health where appropriate, shall adopt policies and procedures governing the prevention and management of sports-related head injuries within the school district or school following development of a proposal by a team consisting, at a minimum, of a school administrator, school nurse, school or team physician if on staff, athletic director, certified athletic trainer if on staff, neuropsychologist if available, guidance counselor, and teacher in consultation with any existing school health/wellness advisory committee. Policies and procedures must address sports-related head injuries occurring in extracurricular athletic activities but may be applied to all head injuries in students. Review and revision of such policies and procedures shall occur as needed but at least every two years. At a minimum, these policies shall include:

(1) Designation, by the superintendent or head master, principal or school leader, of the person responsible for the implementation of these policies and protocols, either the Athletic Director or other school personnel with administrative authority;

(2) Annual training of persons specified in 105 CMR 201.007 in the prevention and recognition of a sports-related-head injury, and associated health risks including second impact syndrome utilizing Department-approved training materials or program, and documentation of each person's completion of such training;

(3) Documentation of physical examination prior to a student's participation in extra-curricular athletic activities on an annual basis, consistent with 105 CMR 200.100(B)(3) and information for students participating in multiple sports seasons that documentation of one physical examination each year is sufficient;

201.007: Training Program

(A) The following persons annually shall complete one of the head injury safety training programs approved by the Department as found on the Department's website:
(1) Coaches;
(2) Certified athletic trainers;
(3) Trainers;
(4) Volunteers;
(5) School and team physicians;
(6) School nurses;
(7) Athletic Directors;
(8) Directors responsible for a school marching band, whether employed by a school or school district or serving in such capacity as a volunteer;
(9) Parents of a student who participates in an extracurricular athletic activity; and
(10) Students who participate in an extracurricular athletic activity.

(B) The required training applies to one school year and must be repeated for every subsequent year.

(C) Each school shall maintain a record of completion of annual training for all persons specified by 105 CMR 201.007(A) through:
(1) a certification of completion for any Department-approved on-line course; or
(2) a signed acknowledgment that the individual has read and understands Department-approved written materials required by 105 CMR 201.008(A)(1); or
(3) an attendance roster from a session using Department-approved training; or
(4) other means specified in school policies and procedures.

(D) If a school district or school offers head injury safety training to guidance counselors, physical education teachers, classroom teachers or other school personnel, the school district or school at minimum shall offer one of the current head injury safety training programs approved by the Department as specified on the Department's website.

(E) Game officials shall complete one of the training programs approved by the Department as specified on the Department's website annually and shall provide independent verification of completion of the training requirement to schools or school districts upon request.

201.008: Participation Requirements for Students and Parents

(A) Pre-participation Requirements.
(1) Each year, a school district or school shall provide current Department-approved training, written materials or a list and internet links for Department-approved on-line courses to all students who plan to participate in extracurricular athletic activities and their parents in advance of the student's participation.
(2) All students who plan to participate in extracurricular athletic activities and their parents shall satisfy the following pre-participation requirements:
(a) Each year, before the student begins practice or competition, the student and the parent shall:
1. Complete current Department-approved training regarding head injuries and concussions in extracurricular athletic activities; and
2. Provide the school with a certificate of completion for any Department-approved on-line course or a signed acknowledgement that they have read and understand Department-approved written materials, unless they have attended a school-sponsored training at which attendance is recorded or satisfied other means specified in school policies.
(b) Before the start of every sports season, the student and the parent shall complete and submit a current Pre-participation Form, or school-based equivalent, signed by both, which provides a comprehensive history with up-to-date information relative to concussion history; any head, face or cervical spine injury history; and any history of co-existent concussive injuries.

201.010: continued

(c) Estimated time intervals for resumption of activities;
(d) Frequency of assessments, as appropriate, by the school nurse, school physician, team physician, certified athletic trainer if on staff, or neuropsychologist if available until full return to classroom activities and extracurricular athletic activities are authorized; and
(e) A plan for communication and coordination between and among school personnel and between the school, the parent, and the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.

(3) The student must be completely symptom free and medically cleared as defined in 105 CMR 201.011 in order to begin graduated reentry to extracurricular athletic activities.

201.011: Medical Clearance and Authorization to Return to Play

Each student who is removed from practice or competition for a head injury or suspected concussion, or loses consciousness, even briefly, or exhibits signs and symptoms of a concussion, shall obtain and present to the Athletic Director, unless another person is specified in school policy or procedure, a Department Post Sports-Related Head Injury Medical Clearance and Authorization Form (Medical Clearance and Authorization Form), or school-based equivalent, prior to resuming the extracurricular athletic activity. This form must be completed by a physician or one of the individuals as authorized by 105 CMR 201.011(A). The ultimate return to play decision is a medical decision that may involve a multidisciplinary approach, including consultation with parents, the school nurse and teachers as appropriate.

(A) Only the following individuals may authorize a student to return to play:
(1) A duly licensed physician;
(2) A duly licensed certified athletic trainer in consultation with a licensed physician;
(3) A duly licensed nurse practitioner in consultation with a licensed physician; or
(4) A duly licensed neuropsychologist in coordination with the physician managing the student's recovery.

(B) By September 2013, physicians, nurse practitioners, certified athletic trainers, and neuropsychologists providing medical clearance for return to play shall verify that they have received Department-approved training in post traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education.

201.012: Responsibilities of the Athletic Director

(A) The Athletic Director shall participate in the development and biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within the school district or school.

(B) The Athletic Director shall complete the annual training as required by 105 CMR 201.007.

(C) The Athletic Director, unless school policies and procedures provide otherwise, shall be responsible for:
(1) Ensuring that the training requirements for staff, parents, volunteers, coaches and students are met, recorded, and records are maintained in accord with 105 CMR 201.016;
(2) Ensuring that all students meet the physical examination requirements consistent with 105 CMR 200.000: *Physical Examination of School Children* prior to participation in any extracurricular athletic activity;
(3) Ensuring that all students participating in extracurricular athletic activities have completed and submitted Pre-participation Forms, or school-based equivalents, prior to participation each season;
(4) Ensuring that student Pre-participation Forms, or school-based equivalents, are reviewed according to 105 CMR 201.009(A);
(5) Ensuring that Report of Head Injury Forms, or school-based equivalents, are completed by the parent or coach and reviewed by the coach, school nurse, certified athletic trainer and school physician as specified in 105 CMR 201.009(A);

201.015: continued

(B) Completing the annual training as required by 105 CMR 201.007;

(C) Reviewing, or arranging for the school physician to review, completed Pre-participation Forms, or school-based equivalents, that indicate a history of head injury and following up with parents as needed prior to the student's participation in extracurricular athletic activities;

(D) Reviewing, or arranging for the school physician to review, Report of Head Injury Forms, or school-based equivalents, and following up with the coach and parent as needed;

(E) Maintaining:
(1) Pre-participation Forms, or school-based equivalents; and
(2) Report of Head Injury Forms, or school-based equivalents, in the student's health record;

(F) Participating in the graduated reentry planning for students who have been diagnosed with a concussion to discuss any necessary accommodations or modifications with respect to academics, course requirements, homework, testing, scheduling and other aspects of school activities consistent with a graduated reentry plan for return to full academic and extracurricular athletic activities after a head injury and revising the health care plan as needed;

(G) 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 required by 105 CMR 201.010(E) is being followed; and

(H) Providing ongoing educational materials on head injury and concussion to teachers, staff and students.

201.016: Record Maintenance

(A) The school, consistent with any applicable state and federal law, shall maintain the following records for three years or at a minimum until the student graduates:
(1) Verifications of completion of annual training and receipt of materials;
(2) Department Pre-participation Forms, or school-based equivalents;
(3) Department Report of Head Injury Forms, or school-based equivalents;
(4) Department Medical Clearance and Authorization Forms, or school-based equivalents; and
(5) Graduated reentry plans for return to full academic and extracurricular athletic activities.

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

201.017: Reporting

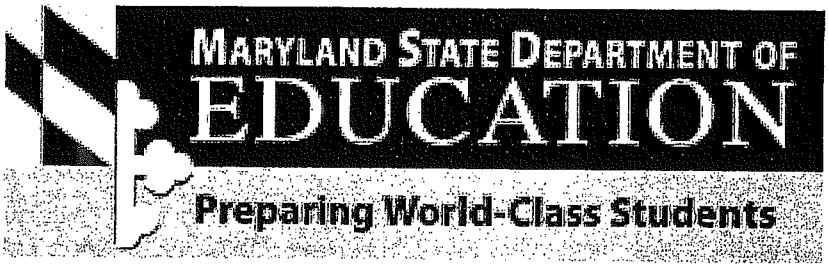
Starting school year 2011-2012, schools shall be responsible for maintaining and reporting annual statistics on a Department form or electronic format that at minimum report:

(A) The total number of Department Report of Head Injury Forms, or school-based equivalents, received by the school; and

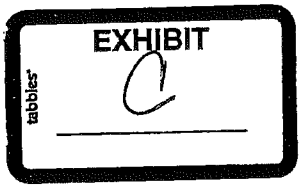
(B) The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities.

REGULATORY AUTHORITY

105 CMR 201.000: M.G.L. c. 111, § 222.



Policies and Programs on Concussions for Public Schools and Youth Sport Programs



Introduction

In accordance with SB 771 and HB858 which amended sections 7-432 and 14-501 of the Annotated Code of Maryland, the Maryland State Department of Education (MSDE) has developed policies and provided recommendations for the implementation of concussion awareness programs throughout the state of Maryland for student-athletes, their parents or guardians, and their coaches. The Department has also developed recommendations on the management and treatment of student-athletes suspected or diagnosed with having sustained a concussion. These recommendations, in addition to the accompanying recommended forms, provide guidance for both the student-athlete's exclusion from play as well as their return to the classroom. Finally, the Department addresses the concussion education and tracking requirements of non-school related athletic programs and provides guidance and suggestions for those programs.

The provisions of the policies and plan call for training of every public high school coach as well as providing awareness to all student-athletes and their parents or guardians on:

- The nature and risk of a concussion or head injury
- The criteria for removal from and return-to-play
- The risk of not reporting injury
- Appropriate academic accommodations

The provisions also mandate written verification of:

- The coach receiving concussion awareness training
- The student-athlete and parent or guardian acknowledging receipt of concussion awareness information

In addition, schools shall extend appropriate procedures for academic accommodations to student-athletes who have been diagnosed with a concussion.

Finally, non-school youth athletic activities conducted on school property must provide assurances that concussion information has been provided to all participants and their parents or guardians.

This document has been formulated in conjunction with the Maryland Department of Health and Mental Hygiene, Local County Departments of Education, Maryland Public Secondary Schools Athletic Association, Maryland Athletic-Trainers' Association, Brain Injury Association of Maryland and Health Care Providers who treat concussions.

Definitions

Concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way the brain normally works: Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a "ding," or what seems to be a mild bump or blow to the head can result in a concussion.

Licensed health care provider means a licensed physician or physician assistant, a licensed psychologist with specialty training in neuropsychology (neuropsychologist); or a licensed nurse practitioner.

Return to play means participation in a non-medically supervised practice or athletic competition after a period of exclusion.

Student-athlete means a student participating in any try-out, practice or contest of a school team.

School personnel means those directly responsible for administrating or coaching interscholastic athletic programs within a school or county and those employees of the school or school system with overall responsibility for student-athletes' academic performance and medical well-being.

Youth sports program means a program organized for recreational athletic competition or instruction for participants who are under the age of 19 years.

Coach's Education

The Maryland State Department of Education will alert each local school system of its responsibility to assure that each coach is trained in concussion risk and management. At a minimum, the coach's training shall include:

- The nature of the risk of a brain injury
- The risk of not reporting a brain injury
- Criteria for removal and return to play

One of the following programs is recommended to be used for coach's concussion awareness training:

The National Federation of State High School Associations' (NFHS) online coach education course, *Concussion in Sports-What You Need to Know.* This Center for Disease Control's (CDC)-endorsed program provides a guide to understanding,

recognizing and properly managing concussions in high school sports. It is available at www.nfhslearn.com.

The Center for Disease Control's (CDC) tools for youth and high school sports coaches, parents, athletes, and health care professionals provide important information on preventing, recognizing, and responding to a concussion, and are available at http://www.cdc.gov/concussion/HeadsUp/online_training.html. These include *Heads Up to Schools: Know Your Concussion ABCs; Heads Up: Concussion in Youth Sports;* and *Heads UP: Concussion in High School Sports.*

Funded by the National Institutes of Health, developed by leading researchers, and validated in a clinical trial, the Oregon Center for Applied Science (ORCAS) ACTive® course, provides an online training and certification program that gives sports coaches the tools and information to protect players from sports concussions. Information about the course is available at:

http://www.orcasinc.com/wp-content/uploads/2011/03/concussion.pdf.

If the above mentioned programs are not used, at a minimum, the concussion awareness training programs shall include the following components:

- Understanding Concussions
- Recognizing Concussions
- Signs & Symptoms
- Responses and Action Plan

Proof of Completion

Presentation of a certificate of completion from a coaches training course as a condition of coaching employment provides a simple and clear mechanism for local school systems to assure compliance. (Figure 1)

Best Practices

The following are a list of resources that should be at every practice or competition where a student-athlete could possibly sustain a concussion.

- On field quick reference guide kept in team medical kit or other accessible area
- A CDC clipboard or CDC clipboard sticker (http://www.cdc.gov/concussion/pdf/Clipboard_Sticker~a.pdf) or a clipboard sticker containing the same information
- Copies of the "MSDE Notification of Probable Head Injury" form

Concussion Awareness for Student-Athletes, Parents or Guardians and School Personnel

Each Maryland public school district shall develop policies that assure student-athletes, parents or guardians, and school personnel receive an informational sheet describing:

- The nature and risk of a concussion or head injury
- The criteria for removal from play and return to play
- The risks of not reporting injury and continuing to play
- Appropriate academic accommodations for diagnosed concussion victims

Informational materials used shall emanate from programs such as, but not limited to:

> The Center for Disease Control's (CDC) tools for youth and high school sports coaches, parents, athletes, and health care professionals provide important information on preventing, recognizing, and responding to a concussion, and are available at http://www.cdc.gov/concussion/HeadsUp/online_training.html. These include *Heads Up to Schools: Know Your Concussion ABCs; Heads Up: Concussion in Youth Sports;* and *Heads UP: Concussion in High School Sports.*

The Maryland Public Secondary Schools Athletic Association (MPSSAA) has posted parent and student-athlete information sheets as well as other CDC material on its website: www.mpssaa.org. (Figures 2 and 3)

Best Practices

Suggested opportunities to provide concussion information include but are not limited to:

- In-service training
- Team meetings or practice segment
- Team pre-participation documents
- Student-athlete/Parent orientation
- Coach/Parent preseason meeting
- Athletic trainer tips
- Formal/informal seminars

Required Acknowledgement

Every student-athlete and at least one parent or guardian must verify in writing that they have received information on concussion and sign a statement acknowledging receipt of the information. A recommended verification sheet follows. (Figure 4)

Removal and Return-to Play

After an appropriate medical assessment, any student-athlete suspected of sustaining a concussion shall immediately be removed from practice or play. The student-athlete shall not return until cleared by a licensed health care provider authorized to provide sports physical examinations and trained in the evaluation and management of concussions.

To assist student-athletes, parents and school personnel the following sample forms are provided on the MPSSAA website: www.mpssaa.org.

- Notification of possible head injury (Figure 5)
- Medical clearance for gradual return to sports participation Following concussion (Figure 6)
- Graduated return to play protocols (Figures 7, 8, 9)

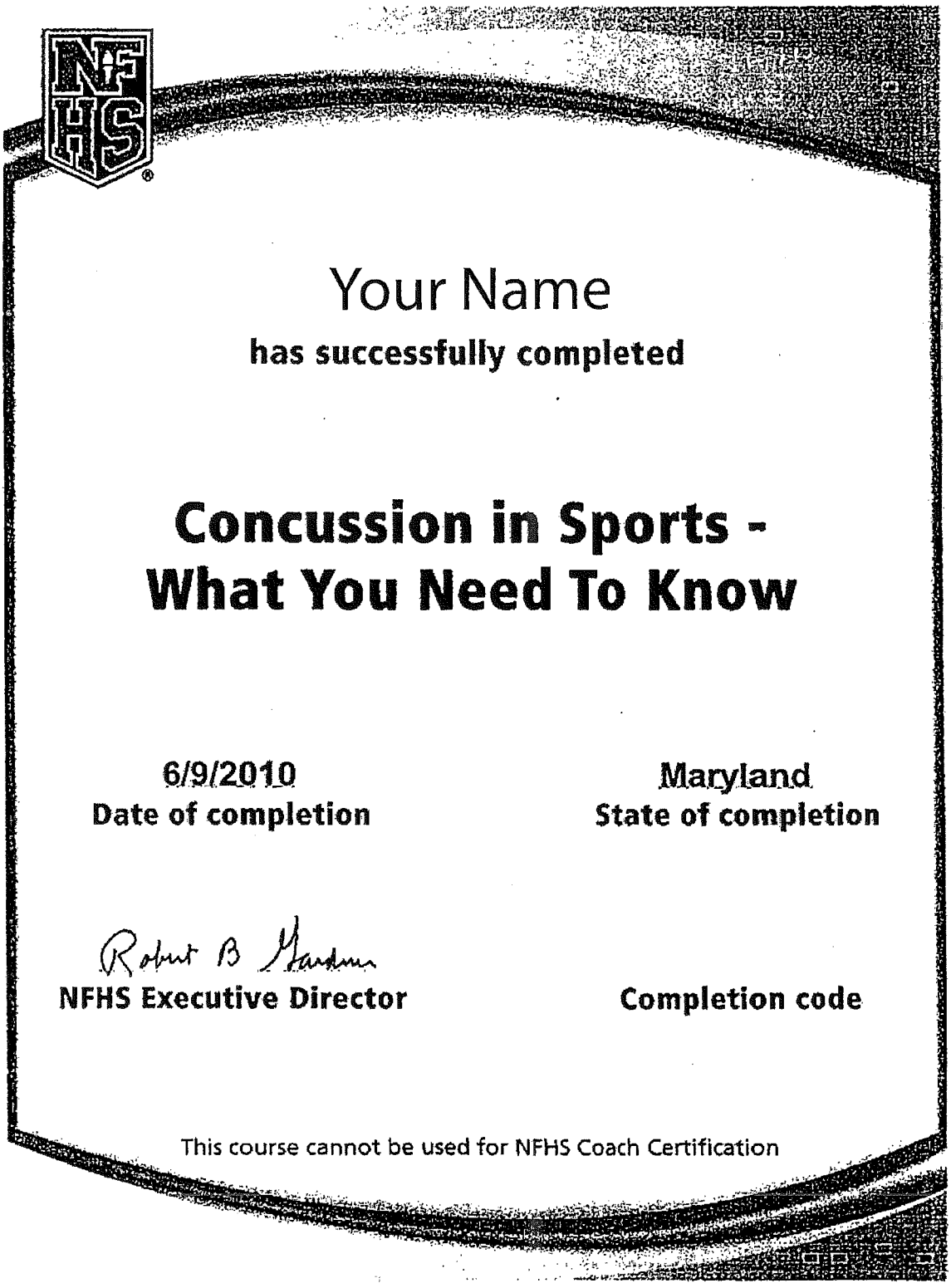
Note: As of this writing, there are no formally approved or licensed certifications of concussion management. As a result, and until such time as a certification exists, each medical professional authorizing return to play must determine whether they are aware of current medical guidelines on concussions evaluation and if concussion evaluation and management fall within their own scope of practice. Any medical professional's concussion education should include at least the following:

- 2010 AAP Sport Related Concussion in Children and Adolescents http://aappolicy.aappublications.org/cgi/reprint/pediatrics;126/3/597.pdf
- 2008 Zurich Concussion in Sport Group Consensus http://sportconcussions.com/html/Zurich%20Statement.pdf

Youth Sports Programs use of School Property

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)

Figure 1



Your Name

has successfully completed

Concussion in Sports - What You Need To Know

6/9/2010
Date of completion

Maryland
State of completion

Robert B Gardner
NFHS Executive Director

Completion code

This course cannot be used for NFHS Coach Certification

Figure 2

HEADS·UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR ATHLETES

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice ***one or more*** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: **www.cdc.gov/Concussion**.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

June 2010

Figure 3

HEADS UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports ***one or more*** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
• Appears dazed or stunned	• Headache or "pressure" in head
• Is confused about assignment or position	• Nausea or vomiting
• Forgets an instruction	• Balance problems or dizziness
• Is unsure of game, score, or opponent	• Double or blurry vision
• Moves clumsily	• Sensitivity to light or noise
• Answers questions slowly	• Feeling sluggish, hazy, foggy, or groggy
• Loses consciousness *(even briefly)*	• Concentration or memory problems
• Shows mood, behavior, or personality changes	• Confusion
• Can't recall events *prior* to hit or fall	• Just not "feeling right" or is "feeling down"
• Can't recall events *after* hit or fall	

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine."
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:
Don't assess it yourself. Take him/her out of play.
Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials ***free-of-charge***, visit: **www.cdc.gov/Concussion**.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

June 2010

Figure 4

MARYLAND STATE DEPARTMENT OF EDUCATION
Preparing World-Class Students

For official use only:
Name of Athlete_____
Sport/season_____
Date Received_____

Concussion Awareness
Parent/Student-Athlete Acknowledgement Statement

I _____, the parent/guardian of _____,
Parent/Guardian Name of Student-Athlete

acknowledge that I have received information on all of the following:

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian_____ Parent/Guardian_____ Date _____
PRINT NAME SIGNATURE

Student Athlete_____ Student Athlete_____ Date _____
PRINT NAME SIGNATURE

It's better to miss one game than the whole season.

For more information visit: www.cdc.gov/Concussion.

Figure 5

MARYLAND STATE DEPARTMENT OF EDUCATION
Preparing World-Class Students

Student-Athlete_____
Date of injury _____
Sport _____
Parent/guardian name _____
Home Phone_____

Notification of Probable Head Injury

Dear Parent:

Based on our observations and/or incident described below, we believe your son/daughter exhibited signs and symptoms of a concussion while participating in _____. Since your son/ daughter has not been evaluated by a physician at school, it is important that you seek a physician's care as soon as possible.

It is important to recognize that blows to the head can cause a variety of injuries other than concussions (e.g., neck injuries, more serious brain injuries). Please be sure to see your doctor as soon as possible for any other medical concerns.

Description of Incident/ Injury:_____
_____
_____

When to Seek Care Urgently. If you observe any of the following signs, call your doctor or go to your emergency department immediately.

Headaches that worsen	Very drowsy, can't be awakened	Can't recognize people or places
Seizures	Repeated vomiting	Increasing confusion
Neck pain	Slurred speech	Weakness/numbness in arms/legs
Unusual behavior change	Significant irritability	Less responsive than usual

Common Signs & Symptoms. It is common for a student with a concussion to have one or many symptoms.

Physical		Cognitive	Emotional	Sleep
Headache	Visual Problems	Feeling mentally foggy	Irritability	Drowsiness
Nausea/Vomiting	Fatigue/ Feeling tired	Feeling slowed down	Sadness	Sleeping less than usual
Dizziness	Sensitivity to light/ noise	Difficulty remembering	More emotional	Sleeping more than usual
Balance Problems	Numbness/Tingling	Difficulty concentrating	Nervousness	Trouble falling asleep

Please feel free to contact me if you have any questions. I can be reached at:_____

_____ _____
Employee Name and Title Date

TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER:

Name:_____ Signature_____ **Date:**_____

Diagnosis:_____

Please be advised that your son/daughter will not be allowed to return to play until they have no symptoms and have been cleared in writing by an authorized health care provider (physician, neuropsychologist, nurse practitioner, physician's assistant) for this type of injury.

Distribution: __Parent __AD __School Health Room

Figure 6

MARYLAND STATE DEPARTMENT OF EDUCATION
Preparing World-Class Students

Student-Athlete_____
Date of injury _____
Today's Date _____
Sport _____

Medical Clearance for Gradual Return to Sports Participation Following Concussion

To be completed by the Licensed Health Care Provider

The above-named student-athlete sustained a concussion. The purpose of this form is to provide initial medical clearance before starting the Gradual Return to Sports Participation.

Criteria for Medical Clearance for Gradual Return to Play (Check each)

The student-athlete must meet all of these criteria to receive medical clearance.

- ☐ 1. No symptoms at rest/ no medication use to manage symptoms (e.g., headaches)
- ☐ 2. No return of symptoms with typical physical and cognitive activities of daily living
- ☐ 3. Neurocognitive functioning at typical baseline
- ☐ 4. Normal balance and coordination
- ☐ 5. No other medical/ neurological complaints/ findings

Detailed Guidance

1. Symptom checklist: None of these symptoms should be present. Assessment of symptoms should be broader than athlete report alone. Also consider observational reports from parents, teachers, others.

Physical		Cognitive	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/ tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

2. Exertional Assessment (Check): The student-athlete exhibits no evidence of return of symptoms with:
__ Cognitive activity: concentration on school tasks, home activities (e.g. TV, computer, pleasure reading)
__ Physical activity: walking, climbing stairs, activities of daily living, endurance across the day

3. Neurocognitive Functioning (Check): The student's cognitive functioning has been determined to have returned to its typical pre-injury level by one or more of the following:
__ Appropriate neurocognitive testing
__ Reports of appropriate school performance/ home functioning (concentration, memory, speed) in the absence of symptoms listed above

4. Balance & Coordination Assessment (Check): Student-athlete is able to successfully perform:
__ Romberg Test OR SCAT2 (Double leg, single leg, tandem stance, 20 secs, no deviations fr proper stance)
__ 5 successive Finger-to-Nose repetitions < 4 sec

I certify that: I am a Licensed Health Care Provider with training in concussion evaluation and management in accordance with current medical evidence (2010 AAP Sport-Related Concussion in Children and Adolescents, 2008 Zurich Concussion in Sport Group Consensus). The above-named student-athlete has met all the above criteria for medical clearance for his/her recent concussion, and as of this date is ready to return to a progressive Gradual Return to Sports Participation program (typically lasting minimum of 5 days).

Provider Name_____

Signature_____ **Date:**_____

Distribution: __Parent __AD __School Health Room

Name_____ Date of Injury_____ School/Sport_____ Date of AHCP RTP Clearance_____

Graduated Return to Play Protocol

With no symptoms, a gradual return to play program can be initiated. Follow these gradual progressive steps of the training sequence.

There should be approximately 24 hours (or longer) in between each step. If any symptoms return at any time during these activities, stop the work out. Rest until symptom-free for 24 hours. Return to the previous asymptomatic step. If symptoms return or worsen, seek medical attention.

Step	Date	Activity	Tolerance/Comments
1.Light General Conditioning Exercises (Goal: Increase HR)		Begin with sport specific warm up. Do 15-20 minute workout: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.	
2. Moderate General Conditioning and Sport Specific Skill Work; Individually (Goal: Add Movement, individual skill work)		Sport specific warm-up. Slowly increase intensity and duration of workout to 20-30 minutes.	
		- Begin **sport specific skill work** within the workout. No spins, dives or jumps.	
3. Heavy General conditioning, skill work; individually and with team-mate. NO CONTACT (Goal: Add Movement, teammate skill work)		Continue with general conditioning up to 60 minutes. Increase intensity and duration. Begin interval training.	
		- Continue individual skill work. - Begin **skill work with a partner** but with no contact. Continue with individual skill work as per Step 2. - Begin beginner level spins, dives, jumps.	
4. Heavy General conditioning, skill work and team drills. No live scrimmages. VERY LIGHT CONTACT. (Goal: Team skill work, light static contact)		Resume regular conditioning and duration of practice.	
		- Increase interval training and skill work as required. - Gradually increase skill level of spins, dives & jumps. - Review team plays with no contact. - **Very light contact** and low intensity on dummies.	
5. Full Team Practice with Body Contact		- Participate in a **full practice.** -If a full practice is completed with no symptoms, return to competition is appropriate. Discuss with the coach about getting back in the next game.	

Step 1: Light General Conditioning Exercises:

- Begin with a sport specific warm up.
- Do a (15-20 minute) workout which can include: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.

Step 2: General Conditioning and Sport Specific Skill Work; Individually:

- Continue with the sport specific warm-up.
- Slowly increase intensity and duration of workout (20-30 minutes).
- Begin sport specific skill work within the workout. No spins, dives, or jumps.

STEP 3: General conditioning, skill work; individually and with a team-mate:

- NO CONTACT
- Continue with general conditioning (up to 60 minutes). Increase intensity and duration. Begin interval training.
- Continue with individual skill work.
- May begin skill work with a partner.
- May start beginner level spins, dives and jumps.

STEP 4: General conditioning, skill work and team drills::

- Do not play live scrimmages. NO CONTACT
- Resume regular conditioning, duration of practice, and team drills.
- Increase interval training and skill work as required.
- Gradually increase skill level of spins, dives and jumps.
- Review team plays with no contact.

Step 5: Full Team Practice with Body Contact:

- Participate in a full practice. If it is completed with no symptoms, you are ready to return to competition. Discuss with the coach about getting back in the game.

Name_____ Date of Injury_____ School/Sport_____ Date of AHCP RTP Clearance_____

Graduated Return to Football Protocol

With no symptoms, a gradual return to play program can be initiated. Follow these gradual progressive steps of the training sequence.

There should be approximately 24 hours (or longer) in between each step. If any symptoms return at any time during these activities, stop the work out. Rest until symptom-free for 24 hours. Return to the previous asymptomatic step. If symptoms return or worsen, seek medical attention.

Step	Date	Activity	Tolerance/Comments
1.Light General Conditioning Exercises (Goal: Increase HR)		Begin with sport specific warm up. Do 15-20 minute workout: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.	
2. Moderate General Conditioning and Sport Specific Skill Work; Individually (Goal: Add Movement, individual skill work)		Sport specific warm-up. Slowly increase intensity and duration of workout to 20-30 minutes.	
		- Begin **skill work** within the workout. - Begin footwork drills, running drills, running patterns with cones and dummies. - Stationary throwing and catching a football.	
3. Heavy General conditioning, skill work; individually and with team-mate. NO CONTACT (Goal: Add Movement, teammate skill work)		Continue with general conditioning up to 60 minutes. Increase intensity and duration. Begin interval training.	
		- Begin **drills with a partner** but with no contact. Continue with individual skill work as per Step 2. - Begin dynamic throwing and catching, taking handoffs, one on one (receiver vs. defensive backs) with no contact. - Begin walk-throughs on offense and defense.	
4. Heavy General conditioning, skill work and team drills. No live scrimmages. VERY LIGHT CONTACT. (Goal: Team skill work, light static contact)		Resume regular conditioning and duration of practice.	
		- Practice **passing shell drills** (8 or 6) with no contact. - Continue with **walk-throughs, skill work** (patterns, dynamic catching and throwing, handoffs). Review blocking and tackling techniques, focus on skill. - **Very light contact** and low intensity on dummies.	
5. Full Team Practice with Body Contact		- Participate in a **full practice.** -If a full practice is completed with no symptoms, return to competition is appropriate. Discuss with the coach about getting back in the next game.	

Step 1: Light General Conditioning Exercises (Goal: Increase HR)

- Begin with a sport specific warm up.
- Do a (15-20 minute) workout which can include: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.

Step 2: General Conditioning and Sport Specific Skill Work; Individually:

- Continue with the sport specific warm-up.
- Slowly increase intensity and duration of workout (20-30 minutes).
- Begin skill work within the workout.
- Begin footwork drills, running drills, running patterns with cones and dummies.
- Stationary throwing and catching a football.

STEP 3: General conditioning, skill work; individually and with a team-mate:

- NO CONTACT
- Continue with general conditioning (up to 60 minutes). Increase intensity and duration. Begin interval training.
- Begin drills with a partner but with no contact. Continue with individual skill work as per Step 2.
- Begin dynamic throwing and catching, taking handoffs, one on one (receiver vs. defensive backs) with no contact.
- Begin walk-throughs on offense and defense.

STEP 4: General conditioning, skill work and team drills::

- Do not play live scrimmages. NO CONTACT
- Resume regular conditioning and duration of practice.
- Practice passing shell drills (8 or 6) with no contact.
- Continue with walk-throughs, skill work (patterns, dynamic catching and throwing, handoffs). Review blocking and tackling techniques, focus on skill, very light contact and low intensity on dummies.

Step 5: Full Team Practice with Body Contact:

- Join team in a full practice to get yourself back in the lineup. If a full practice is completed with no symptoms, you are ready to return to competition. Discuss with the coach about getting back in the next game.

Name_____ Date of Injury_____ School/Sport_____ Date of AHCP RTP Clearance_____

Graduated Return to Soccer Protocol

With no symptoms, a gradual return to play program can be initiated. Follow these gradual progressive steps of the training sequence.

There should be approximately 24 hours (or longer) in between each step. If any symptoms return at any time during these activities, stop the work out. Rest until symptom-free for 24 hours. Return to the previous asymptomatic step. If symptoms return or worsen, seek medical attention.

Step	Date	Activity	Tolerance/Comments
1.Light General Conditioning Exercises (Goal: Increase HR)		Begin with sport specific warm up. Do 15-20 minute workout: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.	
2. Moderate General Conditioning and Sport Specific Skill Work; Individually (Goal: Add Movement, individual skill work)		Sport specific warm-up. Slowly increase intensity and duration of workout to 20-30 minutes.	
		- Begin **skill work** within the workout. - Begin running drills, static and dynamic foot dribbling, use cones, individual kicking.	
3. Heavy General conditioning, skill work; individually and with team-mate. NO CONTACT (Goal: Add Movement, teammate skill work)		Continue with general conditioning up to 60 minutes. Increase intensity and duration. Begin interval training.	
		- Begin drills with a partner but with no contact. Continue with individual skill work as per Step 2. - Begin partner passing and kicking on goalie drills. - Begin walk-throughs on offense and defense.	
4. Heavy General conditioning, skill work and team drills. No live scrimmages. VERY LIGHT CONTACT. (Goal: Team skill work, light static contact)		Resume regular conditioning and duration of practice.	
		- Practice **passing shell drills** (8 or 6) with no contact. - Practice team passing and kicking drills, practice offensive, defensive and counter attack tactical schemes with no contact to the player. - Review heading the ball techniques. Do a few reps of low intensity with limited height and distance.	
5. Full Team Practice with Body Contact		- Participate in a **full practice.** -If a full practice is completed with no symptoms, return to competition is appropriate. Discuss with the coach about getting back in the next game.	

Step 1: Light General Conditioning Exercises:

- Begin with a sport specific warm up.
- Do a (15-20 minute) workout which can include: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.

Step 2: General Conditioning and Sport Specific Skill Work; Individually:

- Continue with the sport specific warm-up.
- Slowly increase intensity and duration of workout (20-30 minutes).
- Begin skill work within the workout.
- Begin running drills, static and dynamic foot dribbling, use cones, individual kicking.

STEP 3: General conditioning, skill work; individually and with a team-mate:

- NO CONTACT
- Continue with general conditioning (up to 60 minutes). Increase intensity and duration. Begin interval training.
- Begin drills with a partner but with no contact. Continue with individual skill work as per Step 2.
- Begin partner passing and kicking on goalie drills.
- Begin walk-throughs on offense and defense.

STEP 4: General conditioning, skill work and team drills::

- Do not play live scrimmages. NO CONTACT
- Resume regular conditioning and duration of practice.
- Practice team passing and kicking drills, practice offensive, defensive and counter attack tactical schemes with no contact to the player.
- Review heading the ball techniques. Do a few reps of low intensity with limited height and distance.

Step 5: Full Team Practice with Body Contact:

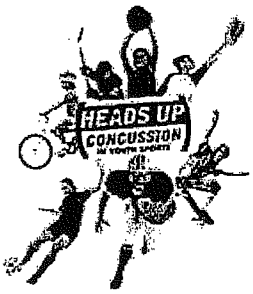
- Join team in a full practice to get yourself back in the lineup. If a full practice is completed with no symptoms, you are ready to return to competition. Discuss with the coach about getting back in the next game.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People, Saving Money Through Prevention.

Heads Up: Concussion in Youth Sports

Spanish version (/concussion/HeadsUp/spanish/youth.html)

It's Better to Miss One Game Than the Whole Season



To help ensure the health and safety of young athletes, CDC developed the *Heads Up: Concussion in Youth Sports* initiative to offer information about concussions to coaches, parents, and athletes involved in youth sports. The *Heads Up* initiative provides important information on preventing, recognizing, and responding to a concussion.

Heads Up Tool Kit for Youth Sports

- Activity Report [PDF 2MG] (/concussion/pdf/Heads_Up_Activity_Report_Final-a.pdf)
- See also Heads Up: Concussion in High School Sports (/concussion/headsup/high_school.html).

For additional resources (videos, promotional materials, etc.) and to order free materials, click here (/concussion/sports/resources.html)

Information for Coaches

Online Training Course for Youth Sports (/concussion/HeadsUp/online_training.html)
Fact Sheet [PDF 206KB] (/concussion/pdf/coaches_Engl.pdf)
Clipboard [PDF 202KB] (/concussion/pdf/clipboard_Eng.pdf)
Poster [PDF 328KB] (/concussion/pdf/poster_Eng.pdf)
Quiz [PDF 170KB] (/concussion/pdf/quiz_Eng.pdf)

Information for Athletes

Fact Sheet [PDF 201KB] (/concussion/pdf/athletes_Eng.pdf)
Poster [PDF 328KB] (/concussion/pdf/poster_Eng.pdf)
Quiz [PDF 170KB] (/concussion/pdf/quiz_Eng.pdf)

Information for Parents

Fact Sheet [PDF 250KB] (/concussion/pdf/parents_Eng.pdf)
Magnet [PDF 106KB] (/concussion/pdf/magnet_Eng.pdf)
Quiz [PDF 170KB] (/concussion/pdf/quiz_Eng.pdf)

If you think your athlete has sustained a concussion...don't assess it yourself.

Take him/her out of play, and seek the advice of a health care professional.

Page last reviewed: December 8, 2009
Page last updated: December 8, 2009

MARYLAND STATE DEPARTMENT OF EDUCATION
Preparing World-Class Students

Lillian M. Lowery, Ed.D.
State Superintendent of Schools

200 West Baltimore Street • Baltimore, MD 21201 • 410-767-0100 • 410-333-6442 TTY/TDD • MarylandPublicSchools.org

TO: Members of the State Board of Education

FROM: Lillian M. Lowery, Ed.D. LMLowery

DATE: July 24, 2012

SUBJECT: Universal Design for Learning

PURPOSE:

The purpose of this item is to request adoption of COMAR 13A.03.06, Universal Design for Learning, as published in the Maryland Register on June 1, 2012 (Attachment I).

HISTORICAL BACKGROUND:

During the 2010 legislative session, Senate Bill 467 and House Bill 59 were enacted requesting the establishment of the *Task Force to Explore the Incorporation of the Principles of Universal Design for Learning into the Education Systems in Maryland.* The Maryland State Department of Education (MSDE) provided staffing for this state-wide Task Force. The Task Force studied and made specific recommendations on the feasibility of applying and incorporating the principles of Universal Design for Learning (UDL) into the policies, practices, and curriculum of the education systems in Maryland.

The full report and recommendations of the Task Force entitled, ***A Route for Every Learner: Universal Design for Learning as a Framework for Supporting Learning and Improving Achievement for All Learners in Maryland, Prekindergarten through Higher Education*** is available on the Web at http://marylandlearninglinks.org/1021.
The three main tenets of UDL are:

- Multiple means of representation, to give diverse learners options for acquiring information and knowledge
- Multiple means of action and expression, to provide learners options for demonstrating what they know
- Multiple means of engagement, to tap into learners' interests, offer appropriate challenges, and increase motivation (Center for Applied Special Technology, www.cast.org)

For an overview of UDL, additional information can be found on the Web at http://marylandlearninglinks.org/950

EXECUTIVE SUMMARY:

As part of Maryland's third wave of educational reform, the adoption of the Common Core State Standards has resulted in revisions to Maryland's curriculum and assessments. Universal Design for Learning (UDL) principles and guidelines are being incorporated into the revision and development process from the outset; therefore, we have been promoting and building awareness, support, and processes for UDL implementation statewide. In addition, the Partnership for Assessment of Readiness for College and Careers (PARCC) consortium is committed to developing assessments that adhere to UDL principles which allows for a smoother transition for learners from instruction to assessment.

On March 27, 2012, the State Board discussed and approved COMAR 13A.03.06 Universal Design for Learning for publication and public comment. The public comment period ended July 2, 2012. During this public comment period 5 comments were received – 4 supportive; 1 expressing concerns (Attachment II).

ACTION:

Request adoption of COMAR13A.03.06 Universal Design for Learning.

LML:mc

Attachments

(b) The amount of any fine to be imposed.

(5) The Board shall issue a final order stating whether a violation occurred and if so, the amount of the fine.

(6) The respondent may seek judicial review of the Board's final order as provided in the Administrative Procedure Act.

E. Nothing in this regulation prohibits the Board from delegating any hearing to the Office of Administrative Hearings as permitted by State Government Article, §10-205, Annotated Code of Maryland.

.14 Proposed Orders; Show Cause Hearings.

A. Nothing in this chapter prohibits the Board from issuing a charging document with a proposed order which will go into effect if the respondent fails to request a hearing.

B. Nothing in this chapter prohibits the Board from conducting a show cause hearing to determine if there has been:

(1) A violation of probation;

(2) A violation of a condition under which any portion of a disciplinary order was stayed; or

(3) Any other violation of a Board order.

C. The Board may terminate a show cause hearing if it determines that there are material facts in dispute which cannot reasonably be determined in that venue. The Board may then convene an evidentiary hearing or delegate such a hearing to an administrative law judge.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Title 13A
STATE BOARD OF EDUCATION

Subtitle 03 GENERAL INSTRUCTIONAL PROGRAMS

13A.03.06 Universal Design for Learning

Authority: Education Article, §2-205(c) and (h), Annotated Code of Maryland

Notice of Proposed Action

[12-130-P-I]

The Maryland State Board of Education proposes to adopt new Regulations **.01 — .07** under a new chapter, **COMAR 13A.03.06 Universal Design for Learning**. This action was considered at the Maryland State Board of Education meeting held on March 27, 2012.

Statement of Purpose

The purpose of this action is to promote Universal Design for Learning principles to maximize learning opportunities for all students, including students with disabilities, students who are gifted and talented, and students who are English language learners, and guide local school systems in the development of curriculum, instructional planning, instructional delivery, material selection, and assessment.

Comparison to Federal Standards

There is a corresponding federal standard to this proposed action, but the proposed action is not more restrictive or stringent.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows:

Incorporation of Universal Design for Learning guidelines and principles will improve access for students with disabilities to the new general education Common Core State Curriculum, general education settings, and differentiated instructional materials used for design, delivery, implementation, and assessment.

Opportunity for Public Comment

Comments may be sent to Fran Sorin, Coordinator, Professional Development for Division of Special Education/Early Intervention Services, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201, or call 410-767-0244 (TTY 410-333-6442), or email to fsorin@msde.state.md.us, or fax to 410-333-8165. Comments will be accepted through July 2, 2012. A public hearing has not been scheduled.

Open Meeting

Final action on the proposal will be considered by the Maryland State Board of Education during a public meeting to be held on July 24-25, 2012, at 200 West Baltimore Street, Baltimore, Maryland 21201.

Editor's Note on Incorporation by Reference

Pursuant to State Government Article, §7-207, Annotated Code of Maryland, A Route for Every Learner, 2011, has been declared a document generally available to the public and appropriate for incorporation by reference. For this reason, it will not be printed in the Maryland Register or the Code of Maryland Regulations (COMAR). Copies of this document are filed in special public depositories located throughout the State. A list of these depositories was published in 39:2 Md. R. 104 (January 27, 2012), and is available online at www.dsd.state.md.us. The document may also be inspected at the office of the Division of State Documents, 16 Francis Street, Annapolis, Maryland 21401.

.01 Purpose.

The purpose of this chapter is to promote the application of Universal Design for Learning (UDL) principles to maximize learning opportunities for students, including students with disabilities, students who are gifted and talented, and students who are English language learners, and guide local school systems in the development of curriculum, instructional planning, instructional delivery, material selection, and assessment.

.02 Scope.

This chapter applies to local school systems that provide educational services to children, prekindergarten through grade 12.

.03 Incorporation by Reference.

A framework of UDL principles and guidelines as set forth in "A Route for Every Learner, 2011" is incorporated by reference.

.04 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Materials" means the various media used by:

(a) Educators to present and assess learning content; and

(b) Students to demonstrate knowledge and skill.

(2) "Universal Design for Learning (UDL)" means a research-based framework for curriculum design, that includes goals,

methods, materials, and assessments to reduce barriers to learning by providing students multiple accessible support options for:

(a) Acquiring information and knowledge;

(b) Demonstrating knowledge and skills in alternative forms of action and expression; and

(c) Engaging in learning.

.05 Integration of UDL Guidelines and Principles.

A. Beginning in the 2013—2014 school year, using the Maryland Common Core State Curriculum in English and mathematics as a model, local school systems shall use UDL guidelines and principles, consistent with Regulation .03 of this chapter, in the development or revision of curriculum.

B. Beginning in the 2014—2015 school year, local school systems shall use UDL guidelines and principles, consistent with Regulation .03 of this chapter, in the development and provision of:

(1) Curriculum;

(2) Instructional materials;

(3) Instruction;

(4) Professional development; and

(5) Student assessments.

.06 Criteria for Selection of Instructional Materials.

Local school systems shall select instructional materials that meet:

A. The accessibility requirements as described in COMAR 13A.05.02.13H as they pertain to technology-based instructional products; and

B. The UDL guidelines, consistent with Regulation .03 of this chapter, in order to provide multiple options for:

(1) Representation, including:

(a) Perception;

(b) Language, mathematical expressions and symbols; and

(c) Comprehension;

(2) Action and Expression, including:

(a) Physical action;

(b) Expression and communication; and

(c) Executive functions; and

(3) Engagement, including:

(a) Recruiting interest;

(b) Sustaining effort and persistence; and

(c) Self-regulation.

.07 Certification Procedures.

A. Beginning with the 2014—2015 school year, local school system superintendents shall certify in writing to the State Superintendent of Schools that UDL principles and guidelines, consistent with Regulation .03 of this chapter, are used for ongoing curriculum development.

B. Certification will be required every 3 years, thereafter.

BERNARD J. SADUSKY, Ed.D.
Interim State Superintendent of Schools

Title 15
DEPARTMENT OF AGRICULTURE

Subtitle 11 ANIMAL HEALTH

15.11.08 Eradication of Hog Cholera

Authority: Agriculture Article, §3-101, Annotated Code of Maryland

Notice of Proposed Action

[12-132-P]

The Secretary of Agriculture proposes to repeal Regulations **.01 —.09** under **COMAR 15.11.08 Eradication of Hog Cholera**.

Statement of Purpose

The purpose of this action is to repeal COMAR 15.11.08 in its entirety. Hog Cholera has been eradicated from the U.S. for many years; therefore, these regulations are obsolete. This action is in accordance with the 2011 Regulatory Review and Evaluation under Executive Order 01.01.2003.20 and State Government Article, §10-133, Annotated Code of Maryland.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Dr. Guy Hohenhaus, State Veterinarian, Maryland Department of Agriculture, 50 Harry S Truman Parkway, Annapolis, MD 21401, or call 410-841-5810, or email to animalhealth@mda.state.md.us, or fax to 410-841-5999. Comments will be accepted through July 2, 2012. A public hearing has not been scheduled.

EARL F. HANCE
Secretary of Agriculture

Subtitle 11 ANIMAL HEALTH

15.11.10 Eradication of Sheep Scabies in Maryland

Authority: Agriculture Article, §3-101, Annotated Code of Maryland

Notice of Proposed Action

[12-131-P]

The Secretary of Agriculture proposes to repeal Regulations **.01 — .11** under **COMAR 15.11.10 Eradication of Sheep Scabies in Maryland.**

Statement of Purpose

The purpose of this action is to repeal COMAR 15.11.10 in its entirety. Sheep scabies has been eradicated from U.S. for many years; therefore, these regulations are obsolete. This action is in accordance with the 2011 Regulatory Review and Evaluation under Executive