

MHSAA PROTOCOL FOR IMPLEMENTATION OF NATIONAL FEDERATION SPORTS PLAYING RULES FOR CONCUSSIONS

“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

The language above, which appears in all National Federation sports rule books, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion. This language reflects an increasing focus on safety and acknowledges that the vast majority of concussions do not involve a loss of consciousness.

This protocol is intended to provide the mechanics to follow during the course of contests when an athlete sustains an apparent concussion.

1. The officials will have no role in determining concussion other than the obvious one where a player is either unconscious or apparently unconscious. Officials will merely point out to a coach that a player is apparently injured and advise that the player should be examined by a health care professional for an exact determination of the extent of injury.
2. If it is confirmed by the school's designated health care professional that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may reenter competition pursuant to the contest rules.
3. Otherwise, if competition continues while the athlete is withheld for an apparent concussion, that athlete may not be returned to competition that day but is subject to the return to play protocol.
 - a. The clearance may not be on the same date on which the athlete was removed from play.
 - b. Only an M.D., D.O., Physician's Assistant or Nurse Practitioner may clear the individual to return to activity.
 - c. The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-play progression. The medical examiner must approve the student's return to unrestricted activity.
 - d. Individual school, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
4. Following the contest, an Officials Report shall be filed with a removed player's school and the MHSAA if the situation was brought to the officials' attention.
5. **ONLINE REPORTING: Member schools are required to complete and submit an online report designated by the MHSAA to record and track head injury events when they occur in all levels of all sports during the season in practices and competitions. Schools with no concussions for a season (fall, winter and spring) are required to report this at the conclusion of that season.**
6. **POST-CONCUSSION CONSENT FORM:** Prior to returning to physical activity (practice or competition) the student and parent (if a minor student) must complete the Post-Concussion Consent Form which accompanies the written unconditional clearance of an M.D., D.O., P.A or N.P. **This form should be kept on file at the school for seven years after the student's graduation and emailed to or faxed to 517-332-4071.**
7. In cases where an assigned MHSAA tournament physician (MD/DO/PA/NP) is present, his or her decision to not allow an athlete to return to activity may not be overruled.

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SANCTIONS FOR NON-COMPLIANCE WITH CONCUSSION MANAGEMENT POLICY

Following are the consequences for not complying with National Federation and MHSAA rules when players are removed from play because of a concussion:

- A concussed student is ineligible to return to any athletic meet or contest on the same day the concussion is sustained.
- A concussed student is ineligible to enter a meet or contest on a subsequent day without the written authorization of an M.D., D.O., Physician's Assistant or Nurse Practitioner and the signed "Post-Concussion Consent Form."

These students are considered ineligible players and any meet or contest which they enter is forfeited.

In addition, that program is placed on probation through that sport season of the following school year.

For a second offense in that sport during the probationary period – that program is continued on probation through that sport season of the following school year and not permitted to participate in the MHSAA tournament in that sport during the original and extended probationary period. A school which fails to submit required online concussion reports will be subject to the penalties of Regulation V, Section 4 A. This includes reporting zero if no concussions occurred in a season.

RETURN TO ACTIVITY & POST-CONCUSSION CONSENT FORM

This form is to be used after an athlete is removed from and not returned to activity after exhibiting concussion symptoms. MHSAA rules require 1) Unconditional written authorization from a physician (MD/DO/Physician's Assistant/Nurse Practitioner), and 2) Consent from the student and parent/guardian. **Both Sections 1 & 2 of this form must be completed prior to a return to activity. This form must be kept on file at the school and emailed to Concussion@MHSAA.com or faxed to 517-332-4071.**

Student: _____ **School:** _____

Event/Sport: _____ **Date of Injury:** _____

1. Action of M.D., D.O., Physician's Assistant or Nurse Practitioner

- **The clearance must be in writing and must be unconditional.** It is NOT sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-activity progression, nor is it sufficient that the student is authorized to return pending the completion of a return-to-activity progression. The medical examiner must approve the student's return to unrestricted activity.
- Individual schools, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
- A school or health care facility may use a locally created form for this portion of the return-to-activity protocol, provided it complies with MHSAA regulations. (See MHSAA Protocol.)

Permission is granted for the athlete to return to **unrestricted activity** (may **not** return to practice or competition on the same day as the injury).

DATE: _____

SIGNATURE (must be MD or DO or PA or NP – circle one)

Examiner's Name (Printed): _____

2. Post-Concussion Consent from Student and Parent/Guardian.

- I am fully informed concerning, and knowingly and voluntarily consent to, my/my child's immediate return to participation in athletic activities; I understand, appreciate, acknowledge, and assume the risks associated with such return to activity, including but not limited to concussions, and agree to comply with all relevant protocols established by my/my child's school and/or the MHSAA; and I/my child has been evaluated by, and has received written clearance to return to activity from an M.D., D.O., Physician's Assistant or Nurse Practitioner.
- In consideration of my/my child's continued participation in MHSAA-sponsored athletics, I/we do hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.
- I/we consent to the disclosure to appropriate persons, consistent with HIPAA and FERPA, of the treating medical examiner's written statement.

Student's Signature (Required): _____ **Date:** _____

***Parent/Guardian's Name:** _____ ***Parent/Guardian's Signature:** _____

**Required if student is less than 18 years of age.*

3. FOR SCHOOL USE: MHSAA Head Injury Report ID: _____ **Print Year of HS Graduation:** _____

THIS FORM SHOULD BE KEPT ON FILE AT THE SCHOOL FOR SEVEN YEARS FOLLOWING THE STUDENT'S HIGH SCHOOL GRADUATION. SEE REVERSE FOR OTHER CONCUSSION RELATED INFORMATION INCLUDING INSURANCE.

SCHOOL CONCUSSION REPORTING

Schools must report concussion events online while logged into MHSAA.com. Report any concussion event in all levels of all MHSAA sports where a student is withheld from activity. This is a separate process from the Return to Activity and Post-Concussion Consent Form on the reverse side.

MHSAA CONCUSSION CARE INSURANCE

The Michigan High School Athletic Association is providing athletic participants at each MHSAA member junior high/middle school and high school with additional insurance that is intended to pay accident medical expense benefits resulting from a suspected concussion. The injury must be sustained while the athlete is participating in-season at an MHSAA covered activity. Policy limit is \$25,000 for each accident. Covered students, sports and situations follow the catastrophic accident medical insurance.

This new program intends to assure that all eligible student-athletes in MHSAA member schools in grades 6 through 12, male and female, in all levels of all sports under the jurisdiction of the MHSAA, receive prompt and professional attention for head injury events even if the child is uninsured or under-insured. Accident medical deductibles and co-pays left unpaid by other policies are reimbursed under this program to the limits of the policy.

The Concussion Care Insurance corresponds with the MHSAA Catastrophic Accident Medical Insurance Policy which pays up to \$500,000 for medical expenses left unpaid by other insurance after a deductible of \$25,000 per claim in paid medical expenses has been met. All students enrolled in grades 6 through 12 at MHSAA member schools who are eligible under MHSAA rules and participating in practices or competition in sports under the MHSAA's jurisdiction are covered by this policy for injuries related to their athletic participation.

CONCUSSION INSURANCE CLAIMS ADMINISTRATOR ADDITIONAL INFORMATION

Contacts for Claims: Mutual of Omaha

Carol Grabenschroer

Phone: 402-351-3807

Email: carol.grabenschroer@mutualofomaha.com

Candice Little

Phone: 402-351-3265

Email: candice.little@mutualofomaha.com

3300 Mutual of Omaha Plaza

Omaha, NE 68175

Phone: 1-800-524-2324 | Fax: (402) 351-4732

Claim Forms can be found on MHSAA.com under Health & Safety |
See Concussion Insurance Benefits Information and Forms