

STUDENT-ATHLETE CONCUSSIONS

Generally

In order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian must review, on an annual basis, information on concussions provided by the school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian must sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education.

Return to Play Protocol

A student-athlete suspected by that student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game is removed from the activity at that time. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury does not return to play that day or until the student-athlete is

- evaluated by an appropriate licensed health care provider as determined by the Board of Education and
- in receipt of written clearance to return to play from such licensed health care provider.

The licensed health care provider evaluating student-athletes suspected of having a concussion or brain injury may be a volunteer.

Return to Learn Protocol

School personnel are alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including

- difficulty with concentration, organization, and long-term and short-term memory;
- sensitivity to bright lights and sounds; and
- short-term problems with speech and language, reasoning, planning, and problem solving.

School personnel accommodate the gradual return to full participation in academic activities of a student who has suffered a concussion or other head injury as appropriate, based on the recommendation of the student's licensed health care provider as to the appropriate amount of time that such student needs to be away from the classroom.

Procedures

The superintendent is responsible for developing, and biennially updating, procedures regarding the identification and handling of suspected concussions in student-athletes.

Athletic Activities Conducted by Non-School Organizations on School Property

The school division may provide this policy to organizations sponsoring athletic activity for student-athletes on school property. The school division does not enforce compliance with the policy by such organizations.

Adopted: June 22, 2011

Revised: May 28, 2014

Revised: May 27, 2015

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Legal Refs.: Code of Virginia, 1950, as amended, § 22.1-271.5.

Cross Refs.: KG
KGB

Community Use of School Facilities
Public Conduct on School Property

Concussions in Students

I. Introduction

A concussion is a traumatic brain injury and is defined by the 4th International Conference on Concussion in Sports (2012) as a complex pathophysiological process affecting the brain and induced by biomechanical forces. Several common features that incorporate clinical, pathologic, and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include the following:

- Concussion 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.
- Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes, hours, or days.
- Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury with no abnormality seen on standard structural neuroimaging studies.
- Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course. It is important to note, however, that symptoms may be prolonged in some cases.

Concussions are a medical and educational issue and are considered to be among the most complex injuries in medicine to assess, diagnose, and manage. The concussed brain requires mental and physical rest to recover. Developing brains are highly variable and concurrent issues may affect cognitive recovery. Every concussion is different, and each student will have unique symptoms and recovery times. Facilitating/managing a student's recovery from a concussive injury includes awareness of current symptoms, the pre-injury status of physical and cognitive function, and the student's sensitivity to physical and cognitive exertion.

Concussion symptoms may have a significant impact on learning and academic achievement. A concussion may interfere with a student's ability to focus, concentrate, memorize, and process information. This cognitive impairment may cause frustration, nervousness, anxiety, and/or irritability, and further affect mood or previously existing irritability or anxiety. The "return to learn" academic concussion management plan is divided into graduated phases to promote recovery, considering all factors in this complex injury. Some students may need a short period of rest with a gradual return to school, while others will be able to continue academic work with minimal instructional support.

The "return-to-play" protocols following a concussion are also a stepwise process in which the students will progress to the next level when physical exertion does not exacerbate symptoms or cause the re-emergence of previously resolved symptoms. If any post-concussion symptoms reoccur while in the stepwise process, the student-athlete would revert back to the previous level, rest, and try to progress again after a period of rest is completed. Most students who experience a concussion can recover completely as long as they do not

“return-to-learn” or “return-to-play” prematurely. *Premature return to learn/play may delay and/or impede recovery.* Return-to-play should not occur before the student-athlete has managed to return to a full day of academic activities.

The effects of repeated concussions can be cumulative, and after a concussion, there is a period in which the brain is particularly vulnerable to further injury. If a student sustains a second concussion during this period, the risk of prolonged symptoms increases significantly, and the consequences of a seemingly mild second concussion can actually be very severe and potentially catastrophic (i.e., “second impact syndrome”).

II. Definitions

Appropriate licensed health care provider means a physician, physician assistant, osteopath physician, or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner licensed by the Virginia State Board of Nursing.

Cognitive rest means limiting cognitive exertion and careful management of neurometabolic demands on the brain during recovery.

Return-to-learn refers to instructional modifications that support a controlled, progressive increase in cognitive activities while the student recovers from a brain injury (i.e., concussion) allowing the student to participate in classroom activities and learn without worsening symptoms and potentially delaying healing.

Return-to-play means participate in a nonmedically supervised practice or athletic competition.

Non-interscholastic youth sports program means a program organized for recreational athletic competition or recreational athletic instruction for youth.

III. Procedures

1. Dickenson County Public Schools Concussion Management Team:

- The Dickenson County Public Schools Concussion Management Team (“CMT”) shall be appointed by the superintendent and shall consist of a school administrator, an athletic administrator, a licensed health care provider, a coach, a parent or guardian of a student-athlete, a student-athlete and any such other person or persons the superintendent determines will assist the CMT in its actions.
- The CMT shall develop concussion training materials for school personnel, volunteers, student-athletes and parents of student-athletes. Those materials may address the proper fitting and maintenance of helmets. The CMT shall also develop concussion reporting, management and review protocols for the school division. The CMT shall maintain a record of all incidents where a student-athlete

has been removed from a game, competition or practice because he or she has been suspected of sustaining a concussion.

- The CMT shall meet at least once per year and shall evaluate the division's training materials, concussion reporting, management and review protocols annually.

2. Required Concussion Training for School Personnel and Volunteers:

- The CMT shall ensure training is current and consistent with best practice protocols. Each school division shall develop policies and procedures to ensure school staff, coaches, athletic trainers, team physicians, and volunteers receive current training annually on:
 - a. how to recognize the signs and symptoms of a concussion;
 - b. strategies to reduce the risk of concussions;
 - c. how to seek proper medical treatment for a person suspected of having a concussion; and
 - d. when the student-athlete may safely return to the event or training.
- The CMT will maintain documentation of compliance with the annual training requirement. Documentation will be stored in the Athletic Director's office at Ridgeview High School.
- Annual training on concussion management shall use the National Federation of State High School Associations' (NFHS) online coach education course – Concussion in Sports – What You Need to Know. This CDC- endorsed program provides a guide to understanding, recognizing and properly managing concussions in high school sports. It is available at www.nfhslearn.com.

3. Distribution of Training Materials for Student-Athletes and Parent/Guardian:

- In order to participate in any extracurricular athletic activity, each student-athlete and the student-athlete's parent or guardian shall review information on concussions provided by the CMT. After having reviewed materials describing the short- and long-term health and academic effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt, review, and understanding of such information.
- The signed statements acknowledging the receipt of concussion training materials shall be valid for one calendar year and will satisfy the concussion training requirements for all of a student-athlete's extracurricular physical activities for a calendar year.

4. Removal from Extracurricular Physical Activities

- A student-athlete suspected by the coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated by an appropriate licensed health care provider and (ii) in receipt of written clearance to return to play from such licensed health care provider. The licensed health-care provider evaluating student-athletes suspected of having concussions or brain injuries may be a volunteer.
- Appropriate licensed health care providers or properly trained individuals evaluating student-athletes at the time of injury will utilize a standardized concussion sideline assessment instrument. Sideline Concussion Assessment Tool (SCAT-II, SCAT III, ChildSCAT3), the Standardized Assessment of Concussion (SAC), and the Balance Error Scoring System (BESS) are examples of sideline concussion assessment tools that test cognitive function and postural stability.
- The determination of whether a student-athlete removed from play is suspected of having sustained a concussion shall be the sole determination of the licensed health care provider or other properly trained individual conducting the concussion sideline assessment. Such determination is final and may not be overruled by another licensed health care provider or other properly trained individual, coach, assistant coach, school staff, or other person serving in a coaching or advisory role, the student-athlete or the parent or guardian of the student-athlete.
- The coach of a student-athlete may elect not to return the student-athlete to play, even if after the concussion sideline assessment it is determined that the student-athlete is no longer suspected of having sustained a concussion.

5. Return-To-Learn Protocol

School personnel shall be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including (i) difficulty with concentration, organization, and long-term and short-term memory; (ii) sensitivity to bright lights and sounds; and (iii) short-term problems with speech and language, reasoning, planning, and problem solving. Dickenson County Public Schools will accommodate the gradual return to full participation in academic activities as appropriate, based on the recommendation of the student's licensed health care provider as to the appropriate amount of time that such student needs to be away from the classroom, and would benefit from these accommodations to promote recovery following a concussion.

- A. A student recovering from a brain injury shall gradually increase cognitive activities progressing through some or all of the following phases. Some students may need total rest with a gradual return to school, while others will be able to continue doing academic work with minimal instructional modifications. The decision to progress from one phase to another should reflect the absence of

any relevant signs or symptoms, and should be based on the recommendation of the student's appropriate licensed health-care provider in collaboration with school staff.

a. Home: Rest

Phase 1: Cognitive and physical rest may include:

- minimal cognitive activities – limit reading, computer use, texting, television, and/or video games;
- no homework;
- no driving; and
- minimal physical activity.

Phase 2: Light cognitive mental activity may include

- up to 30 minutes of sustained cognitive exertion;
- no prolonged concentration;
- no driving; and
- limited physical activity

Student will progress to part-time school attendance when able to tolerate a minimum of 30 minutes of sustained cognitive exertion without exacerbation of symptoms or re- emergence of previously resolved symptoms.

b. School: Part-time

Phase 3: Maximum instructional modifications including, but not limited to:

- shortened days with built-in breaks;
- modified environment (e.g., limiting time in hallway, identifying quiet and/or dark spaces);
- established learning priorities;
- exclusion from standardized and classroom testing;
- extra time, extra assistance, and/or modified assignments;
- rest and recovery once out of school; and
- elimination or reduction of homework.

Student will progress to the moderate instructional modification phase when able to tolerate part-time return with moderate instructional modifications without exacerbation of symptoms or re-emergence of previously resolved symptoms.

Phase 4: Moderate instructional modifications including, but not limited to:

- established priorities for learning;
- limited homework;
- alternative grading strategies;
- built-in breaks;
- modified and/or limited classroom testing, exclusion from standardized

- testing; and
- reduction of extra time, assistance, and/or modification of assignments as needed.

Student will progress to the minimal instructional modification phase when able to tolerate full-time school attendance without exacerbation of existing symptoms or re-emergence of previously resolved symptoms.

c. School: Full-time

Phase 5: Minimal instructional modification - instructional strategies may include, but are not limited to

- built-in breaks;
- limited formative and summative testing, exclusion from standardized testing;
- reduction of extra time, assistance, *and* modification of assignments; and
- continuation of instructional modification and supports in academically challenging subjects that require cognitive overexertion and stress.

Student will progress to nonmodified school participation when able to handle sustained cognitive exertion without exacerbation of symptoms or re-emergence of previously resolved symptoms.

Phase 6: Attends all classes; maintains full academic load/homework; requires no instructional modifications.

B. Progression through the above phases shall be governed by the presence or resolution of symptoms resulting from a concussion experienced by the student including, but are not limited to:

- difficulty with attention, concentration, organization, long-term and short-term memory, reasoning, planning, and problem solving;
- fatigue, drowsiness, difficulties handling a stimulating school environment (e.g., sensitivity to light and sound);
- inappropriate or impulsive behavior during class, greater irritability, less able to cope with stress, more emotional than usual; and
- physical symptoms (e.g., headache, nausea, dizziness).

C. Progression through gradually increasing cognitive demands should adhere to the following guidelines:

- increase the amount of time in school;

- increase the nature and amount of work, the length of time spent on the work, or the type or difficulty of work (change only one of these variables at a time);
 - if symptoms do not worsen, demands may continue to be gradually increased;
 - if symptoms do worsen, the activity should be discontinued for at least 20 minutes and the student allowed to rest
 - 1) if the symptoms are relieved with rest, the student may reattempt the activity at or below the level that produced symptoms; and
 - 2) if the symptoms are not relieved with rest, the student should discontinue the current activity for the day and reattempt when symptoms have lessened or resolved (such as the next day).
- D. If symptoms persist or fail to improve over time, additional in-school support may be required with consideration for further evaluation. If the student is three to four weeks post injury without significant evidence of improvement, a 504 plan should be considered.
- E. A student shall progress to a stage where he or she no longer requires instructional modifications or other support before being cleared to return to full athletic participation (return-to-play).

The American Academy of Pediatrics (AAP) Return to Learn Following a Concussion Guidelines (October 2013), and the American Medical Society for Sports Medicine (AMSSM) Position Statement (2013), are available online to assist healthcare providers, students, their families, and school divisions, as needed.

6. Return-to-Play Protocol

- a. No member of a school athletic team shall participate in any athletic event or practice the same day he/she is injured and:
 - i. exhibits signs, symptoms, or behaviors attributable to a concussion; or
 - ii. has been diagnosed with a concussion.
- b. No member of a school athletic team shall return to participate in an athletic event or training on the days after he/she experiences a concussion unless all of the following conditions have been met:
 - i. the student attends all classes, maintains full academic load/homework, and requires no instructional modifications;
 - ii. the student no longer exhibits signs, symptoms, or behaviors consistent with a concussion, at rest or with exertion;
 - iii. the student is asymptomatic during, or following periods of supervised exercise that is gradually intensifying; and
 - iv. the student receives a written medical release from an appropriate licensed health-care provider.

The Zurich Consensus Statement (November 2012) return-to-play guidelines and the

American Academy of Pediatrics (AAP) Concussion Guidelines (August 2010), are available online to assist healthcare providers, student-athletes, their families, and school divisions, as needed.

IV. Helmet Replacement and Reconditioning

- a. All helmets used in school physical activities must conform to the National Operations Committee on Standards for Athletic Equipment (NOCSAE) and certified as conforming by the manufacturer at the time of purchase.
- b. Reconditioned helmets that have been purchased must be recertified as conforming to the NOCSAE by the reconditioner.

V. Athletic Activities Conducted by Non-School Organizations on School Property

The school division may provide this regulation and the Board of Education's Guidelines for Policies on Concussions in Student-Athletes to organizations sponsoring athletic activity for student-athletes on school property. The school division does not enforce compliance with the regulations or Guidelines by such organizations.

Adopted: June 26, 2019