

STUDENT-ATHLETE CONCUSSIONS

Generally

The purpose of this policy is to address the management in school of students who sustain a concussion (1) as a student or student-athlete participating in extracurricular physical activities, (2) during the regular school day or (3) in any non-extracurricular activity that occurs outside of the regular school day.

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 pursuant to the provisions of this policy, including 1) difficulty with concentration, organization, and long-term and short-term memory; 2) sensitivity to bright lights and sounds; and, 3) short-term problems with speech and language, reasoning, planning, and problem-solving.

Further, school personnel shall accommodate the gradual return to full participation in academic and/or physical activities for any student who has suffered a concussion or other head injury, as appropriate. Such gradual return to full participation shall be based on the recommendation of the student's licensed health care provider, as defined herein, as to the appropriate amount of time that such student needs to be away from the classroom.

Maggie Walker Governor's School (MLWGS) also desires the safe return to play for all student-athletes participating in extracurricular and curricular physical activities. The goals of this policy are as follows: (1) that coaches, school staff, volunteers, student-athletes, and their parents or guardians are aware of the short-term and long-term effects of concussions; (2) that concussed student and student-athletes are identified, removed from play immediately, and referred appropriately; and (3) that concussed student and student-athletes are returned to full learning and play only after receiving appropriate medical care, given adequate time to heal, and are symptom-free.

Definitions:

Concussion- a brain injury that is caused by a blow to the head or body. It can result from a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells. A concussion can change the way your brain normally works, and symptoms can range from mild to severe since concussions are no longer formally diagnosed as mild, moderate, or severe. Concussions present themselves differently for each student. A concussion can occur during ANY sport at practice, competition, or curricular activity and can happen even if you do not lose consciousness.

https://www.cdc.gov/headsup/basics/concussion_what.html

Signs and Symptoms of a Concussion (may include but are not limited to the following):

- Cannot recall events prior to or after a hit or fall
- Appears dazed or stunned
- Forgets an instruction, confused about an assignment or position
- Moves clumsily
- Answers questions slowly

- Sensitivity to noise or light
- Nausea or vomiting
- Feeling sluggish, foggy, or groggy
- Concentration problems
- Shows mood, behavior, or personality changes
- Loses consciousness (even briefly)
- Headache or “pressure” in head
- Balance problems or dizziness
- Double or blurry vision
- Just not “feeling right” or “feeling down”

Extracurricular physical activity- An athletic activity that is sponsored by a school or the school division, is not part of the school curriculum, occurs outside of the regular school day, and exists for the purpose of involving students in practices, games, or competitions. Examples of extracurricular physical activities include physical activities of all secondary school athletic teams and intramural teams.

Curricular physical activity- Activities that are part of a curriculum course that involve physical activity, such as PE, chorus/show choir, band, ROTC.

Licensed Health Care Provider- A physician (i.e. MD, D.O.), physician assistant, or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; a physical therapist licensed by the Virginia Board of Physical Therapy; or a nurse practitioner licensed by the Virginia State Board of Nursing.

Student-Athlete: A high school or middle school student participating in an extracurricular physical activity with the prior written permission of the student’s parent or guardian.

Return to Learn- describes the individualized progressive stepwise plan for supporting learning while the student recovers from a concussion that gradually allows the student to participate in classroom activities and learn without worsening symptoms and potentially delaying healing.

Return-to-activity- describes the gradual, stepwise reintroduction of physical activities without return of symptoms for students in the school environment and may include walking through the halls, recess, and participation in classes requiring physical activity (e.g., show choir, dance, physical education), but does not include participation in school-sponsored interscholastic athletics.

Return-to-Play- protocol describes a gradual, stepwise increase in physical demands without return of symptoms for students participating in a sports program

****The team physician/athletic trainer may elect not to allow a student-athlete to return to extracurricular physical activities, even after the production of a written medical release from the student-athlete's licensed health care provider**

The MLWGS Concussion Management Team

- A. The Maggie Walker Concussion Management Team (“CMT”) shall be appointed by the Superintendent of Schools or his/her designee and shall consist of a school administrator, a director of student activities, contractual Athletics Physician trained in concussion or

designee, an MLWGS contractual certified athletic trainer covering extracurricular activities and trained in concussion, Student Health Services representative, a coach, a parent or guardian of a student-athlete, a student-athlete, and any such other person the Superintendent or their designee determines will assist the CMT in its actions.

- B. The CMT shall develop concussion training materials for school personnel, volunteers, student-athletes, and parents of student-athletes. 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 has been removed from an extracurricular or curricular physical activity because he or she has been suspected of sustaining a concussion.
- C. The CMT shall meet at least twice a year and shall evaluate the division's training materials, concussion reporting, management, and update protocols annually (i.e., end of fall sports and end of spring sports).

Required Concussion Training for Athletics School Personnel and Volunteers

- A. Every coach, assistant coach, school staff member, adult volunteer, or other person serving in a coaching or advisory role over student-athletes during extracurricular physical activities shall take a test to learn and understand the signs and symptoms of sports-related concussions, strategies to reduce the risk of concussions, how to seek proper medical treatment for concussions, and the process by which a concussed student-athlete may safely return to practice or competition.
- B. Annual training on concussion management shall use a reputable program and/or resources such as, but not limited to, the following:
 - a. The Centers for Disease Control's (CDC) HEADS UP tools and resources 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 <https://www.cdc.gov/headsup/index.html>
 - b. The National Federation of State High School Associations' (NFHS) online education courses for coaches, parents, administrators, and officials – Concussion in Sports – and Concussion for Students course are CDC-endorsed training programs that provide a guide to understanding, recognizing and properly managing concussions in high school sports. They are available at <https://nfhslearn.com/courses?searchText=Concussion>.
- C. The Athletic Director shall maintain a written record of the names and dates of completion for all persons completing the school's concussion training.
- D. Each school shall ensure that no person can coach or advise a student-athlete in any extracurricular physical activity who has not completed the school's concussion training within the previous twelve months.

Required Training for Student-Athletes and Parent/Guardian

- A. Prior to participating in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review concussion training materials on the MLWGS Athletics website and sign a statement acknowledging receipt of such

information. The concussion training materials shall describe the short-and long-term health effects of concussions.

- B. The signed statements acknowledging the receipt and review of concussion training materials shall be valid for one calendar year and will satisfy the concussion training requirements for all student-athlete's extracurricular physical activities for a calendar year.
- C. Baseline concussion testing will be determined by each school. Schools may or may not participate in baseline testing. Please reach out to the Athletic Trainer at the student-athletes respective school to obtain further information.
 - i. If baseline testing (ex. ImPACT, Concussion Vital Signs) is performed prior to the start of the season, return to play will be based off post-concussion testing scores returning to baseline or normative values as part of the assessment by the health care provider.
 - ii. If baseline testing is not available or was not completed a SCAT5 will be performed. Return to play status will be based off return to normative values as part of the assessment by the healthcare provider.

Removal from Curricular Physical Activities

- A. A student, during a curricular physical activity, sustaining an injury from a blow to the head, face or neck, or from a blow to the body that causes a sudden jarring of the head, shall be removed from the activity immediately. School personnel should be notified immediately (i.e., Nurse, Principal, Assistant Principal)
- B. At times when school personnel are not present, the teacher or school representative should remove the athlete from participation and make continued efforts to contact appropriate school personnel.

Removal from Extracurricular Physical Activities

- A. A student-athlete, during an extracurricular physical activity, sustaining an injury from a blow to the head, face or neck, or from a blow to the body that causes a sudden jarring of the head, shall be removed from the activity immediately.
- B. If the team athletic trainer does not suspect that the student-athlete has sustained a concussion, the student-athlete may be returned to play. At times when the athletic trainer is not present, if the team coach suspects a concussion, the athlete MUST sit out to be evaluated by the athletic trainer.
- C. If, following such removal, the athletic trainer suspects that the student-athlete has sustained a concussion, the student-athlete shall be evaluated using a standardized concussion sideline assessment instrument (e.g., Sideline Concussion Assessment TOOL SCAT 5).
- D. A student-athlete who has been removed from play, evaluated using a standardized sideline assessment instrument, and is no longer suspected of having sustained a concussion, may be returned to play.
- E. However, a student-athlete who has been removed from play, evaluated using a standardized sideline assessment instrument, and is suspected of having sustained a

concussion, shall not be allowed to return to play in any extracurricular physical activity until the student completes applicable steps in the return-to-play protocol. Any student-athlete with concussion symptoms lasting 48 hours will be required to see a licensed healthcare provider trained in concussion for further evaluation and treatment.

- F. 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.
- G. 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.

Return to Learn Protocol

- A. 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 but not limited to (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.
- B. Local school boards shall 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.
- C. Schools are encouraged to utilize a multidisciplinary team to facilitate the implementation of academic supports and designate a team member (e.g., school counselor, administrator, school nurse, athletic trainer) to coordinate communication, care, and continued monitoring between appropriate licensed health care providers, parents, and school personnel.
- D. Any school staff member who notices any cognitive, behavioral and/or academic issue experienced by a student who has suffered a concussion or other head injury pursuant to this policy shall immediately report any such issue to her or his principal and school nurse.
- E. Student-athlete concussion should be reported to the athletic trainer and director of student activities.
- F. School personnel shall accommodate the gradual return to full participation in academic activities by a student who has suffered a concussion or other head injury as appropriate, based on the recommendation of the student or student-athlete's licensed health care provider as to the appropriate amount of time that such student or student-athlete needs to be away from the classroom or any recommended academic accommodations upon return.
- G. Parent/Guardians will be notified of all return to learn information. They will understand the students and student-athlete must have a full return to academics (if modifications were

needed due to symptoms) before the return to play protocol begins for extracurricular and curricular physical activities.

- H. A student recovering from a concussion shall gradually increase cognitive activities progressing through *some or all* of the following phases. Students may begin at any phase based on the symptoms they report. 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, including teachers, school counselors, school administrators, psychologists, nurses, clinic aides, or others as determined by local school division concussion policy.

Phase guidance for return to learn

- **Phase 1:** Cognitive and physical rest may include, but not limited to
 - minimal cognitive activities—limit reading, computer use, texting, television, and/or video games;
 - no homework;
 - no driving; and
 - minimal physical activity.
- **Phase 2:** Minimal cognitive and physical activity may include
 - up to 30 minutes of sustained cognitive engagement;
 - limit prolonged concentration;
 - if the 30-minute period does not exacerbate symptoms, students may increase the amount of time in sustained academic engagement;
 - no driving; and
 - limited physical activity.
- **Phase 3:** Maximum instructional supports including, but not limited to
 - shortened or modified individual classes and/or school days with built-in out of classroom 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 Phase 4 when able to tolerate part-time return without exacerbation of symptoms or re-emergence of previously resolved symptoms.
- **Phase 4:** Moderate cognitive and physical activity with moderate instructional supports 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 Phase 5 when full-time school attendance does not exacerbate symptoms or result in the re-emergence of previously resolved symptoms.
 - **Phase 5:** Minimal instructional supports—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 Phase 6 when able to handle sustained cognitive exertion without exacerbation of symptoms or re-emergence of previously resolved symptoms.
 - **Phase 6:** Unmodified participation in academic activities—instructional strategies may include but are not limited to
 - maintains full academic load/homework;
 - requires no instructional supports; or
 - returns to the individualized education program in place prior to the concussion.
- I. Progression through the above phases shall be governed by the presence or resolution of symptoms resulting from a concussion experienced by the student that were not present prior to the concussion 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, balance, coordination).
- J. 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;
 - if the symptoms are relieved with rest, the student may reattempt the activity at or below the level that produced symptoms; and
 - 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).
- K. 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.
- L. A student shall progress to a stage where he or she no longer requires instructional modifications or other learning supports before being cleared to return to full athletic participation (return-to-play).

***The American Academy of Pediatrics (AAP) After a Concussion When to Return to School (November 2018), and the American Medical Society for Sports Medicine (AMSSM) Position Statement on Concussion in Sport (2019), are available online to assist healthcare providers, students, their families, and school divisions, as needed.*

****No student shall participate in any school sponsored curricular or extracurricular activity or event (may or may not include observing practice, based on licensed healthcare provider recommendation) until all of the following conditions have been met:**

1. the student attends all classes, maintains a full academic load including homework, and requires no instructional modifications with the exception of extra time allotted to complete previously postponed assignments;
2. the student no longer exhibits signs, symptoms, or behaviors consistent with a concussion, at rest or with exertion that were not present prior to the concussion;
****Please note**** Recent evidence suggests that some light aerobic exercise aids in concussion recovery. The student-athlete may be cleared to do light aerobic activity only at the discretion of the student-athlete's treating licensed healthcare provider that has been trained in concussion. This activity is for rehabilitation purposes only, falls outside the scope of a team/sport activity, and must be done under the supervision of the Athletic Trainer. The Athletic Trainer will work closely with the student-athlete's treating licensed healthcare provider to adhere to their recommended guidelines on type and intensity of activity and when to stop activity.
3. the student receives a written medical release from an appropriate licensed health care provider returning the student to physical activity. (Student-athletes are required to complete a graduated return to play protocol once medical release is obtained).
4. the student is asymptomatic during or following periods of supervised exercise that is gradually intensifying (see graduated return to play below).

Return to Play Protocol for Student-Athletes

- A. A student-athlete suspected of having sustained a concussion, as the result of a standardized sideline assessment or when no such assessment is available, shall not be allowed to return to any extracurricular physical activity on that day (this may or may not include observing practice based on the licensed healthcare providers recommendation). When in doubt, sit them out. The length of progressive return to sports participation program shall be determined by the student-athlete's return to sports participation program and the licensed health care provider. The return to play should last a minimum of 6 calendar days. A student's progressive return to sports participation program, in turn, may not commence unless the student has exhibited no concussive symptoms for a period of at least 24 consecutive hours with no medication or clearance documentation has been obtained from a licensed healthcare provider trained in concussion stating that the athlete has been cleared to begin the return to learn and return to play protocols.
- i. Recent evidence suggests that some light aerobic exercise aids in concussion recovery. The student-athlete may be cleared to do light aerobic activity only at the discretion of the student-athlete's treating licensed healthcare provider that has been trained in concussion. This activity must be done under the supervision of the Athletic Trainer and the Athletic Trainer will work closely with the student-athlete's treating licensed healthcare provider to adhere to their recommended guidelines on type and intensity of activity and when to stop the activity.
 - ii. A student-athlete may only be cleared to begin the return to play protocol while taking pharmacological agents if specifically cleared by their treating licensed healthcare provider to do so with that specific medication only
- B. Under no circumstances may a student-athlete be permitted to return to play in any extracurricular physical activity unless the written return to play medical release is received by the athletic trainer. **The team physician/athletic trainer may elect not to allow a student-athlete to return to extracurricular physical activities, even after the production of a written medical release from the student-athlete's licensed health care provider.
- C. The athletic trainer may elect not to allow a student-athlete to return to extracurricular

- D. physical activities, even after the production of a written medical release from the student-athlete's licensed health care provider.
- E. If there is neither a team physician nor an athletic trainer available, then the team coach, for such reasons, may elect not to allow a student-athlete to return to physical activities, even after the production of a written medical release from the student-athlete's licensed health care provider. If such election not to allow the student-athlete to return to play is made, that decision and the observations and concerns shall be communicated to the student-athlete's parent or guardian within one day of the decision not to allow such student-athlete to return to extracurricular physical activities.
- F. Students participating in curricular activity should be advised to follow the protocol above at the discretion of a licensed health care provider trained in concussion. The licensed health care provider trained in concussion will make the determination after completion of the graduated return to play that the student is ready for full return to curricular activity.

Graduated return to play guidelines is as follows:

*“NOTE: An initial period of 24–48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest)”(Davis et al., 2017). **A student or student-athlete who has re-emergence of symptoms in consecutive days needs to stop the protocol and be referred to a physician trained in concussion for further evaluation.*

<i>Stage</i>	<i>Aim</i>	<i>Activity</i>	<i>Goal of each step</i>
<i>1</i>	<i>Symptom-limited activity</i>	<i>Daily activities that do not provoke symptoms</i>	<i>Gradual reintroduction of work/school activities</i>
<i>2</i>	<i>Light aerobic exercise</i>	<i>Walking or stationary cycling at a slow to medium pace. No resistance training</i>	<i>Increase heart rate</i>
<i>3</i>	<i>Sport-specific exercise</i>	<i>Running or skating drills. No head impact activities</i>	<i>Add movement</i>
<i>4</i>	<i>Non-contact training drills</i>	<i>Harder training drills, eg. Passing drills. May start progressive resistance training</i>	<i>Exercise, coordination and increased thinking</i>
<i>5</i>	<i>Full contact practice</i>	<i>Following medical clearance, participate in normal training activities</i>	<i>Restore confidence and assess functional skills by coaching staff</i>
<i>6</i>	<i>Normal Game play</i>		

Helmet Replacement and Reconditioning

- A. Helmets must be certified by the manufacturer to meet standards established by the National Operating Committee on Standards for Athletic Equipment (NOCSAE) or other appropriate organization at the time of purchase.
- B. Reconditioned helmets must be recertified by a National Athletic Equipment Reconditioners Association (NAERA) member.
- C. Regular training on proper helmet fitting and maintenance is recommended for coaches of all sports requiring helmets or protective headgear.

References

Centers for Disease Control and Prevention. (2019). What is a concussion? Retrieved from Centers for Disease Control and Prevention website:

https://www.cdc.gov/headsup/basics/concussion_what.html

Davis, G. A., Ellenbogen, R. G., Bailes, J., Cantu, R. C., Johnston, K. M., Manley, G. T., ... McCrory, P. (2017). The berlin international consensus meeting on concussion in sport. *Neurosurgery*, 82(2), 232–236. <https://doi.org/10.1093/neuros/nyx344>

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Cross Ref:	Pol 6010	Use of School Facilities Rules & Regulations
	Pol 6008	Public Conduct on School Property
	Pol 4090-R	Guidelines for Concussion Management