

## **STUDENT-ATHLETE CONCUSSIONS DURING EXTRACURRICULAR PHYSICAL ACTIVITIES**

Albemarle County Public Schools desires the safety of all student-athletes during extracurricular physical activities and upon returning to play after an injury. The General Assembly and the Virginia Board of Education recognize that concussion injuries create special concerns and needs for training, prevention and management, as explained in Virginia Code §22.1-271.5 and the Virginia Board of Education's *Guidelines for Policies on Concussions in Student-Athletes* adopted on January 13, 2011.

Through this policy the Division strives to ensure that: (i) coaches, athletic directors, athletic trainers, administrators, volunteers, student-athletes, and their parents or guardians are aware of the short-term and long-term effects of concussions; (ii) student-athletes sustaining concussions are removed from play immediately and referred appropriately to licensed health care providers as described in this policy; and (iii) student-athletes who have sustained concussions are returned to play only after receiving appropriate medical care, adequate time to heal, and demonstrating no symptoms consistent with a concussion.

Adopted: June 23, 2011  
Amended: August 14, 2014; March 24, 2016

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Legal Ref: Virginia Code §§22.1-271.5, 22.1-271.6

Virginia Board of Education *Guidelines for Policies on Concussions in Student-Athletes*, (Adopted on January 22, 2015).

Cross Ref.: IGDA, *Interscholastic/Extracurricular Activities (Secondary Schools)*

## STUDENT-ATHLETE CONCUSSIONS DURING EXTRACURRICULAR PHYSICAL ACTIVITIES

### I. DEFINITIONS

**“Concussion”** means a brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e., a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

**“Extracurricular physical activities”** mean any physical activity (practice, games, athletic competitions, etc.) held by extracurricular school athletic teams or extracurricular school athletic clubs.

**“Licensed Health Care Provider”** means a physician, physician assistant, osteopath 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.

**“Return to Play”** means to participate in a non-medically supervised practice, game, or athletic competition.

**“Student-Athlete”** means any Albemarle County student participating as an athlete in an extracurricular school athletic team or extracurricular school athletic club, whether that participation occurs during an athletic season or during off-season practice.

**“Volunteer”** means an adult who volunteers services to a school athletic team or athletic club in a coaching or advisory role, such as a team physician, athletic trainer, coach, game official or team manager.

### II. CONCUSSION MANAGEMENT TEAM

- A. Appointment. The Concussion Management Team (“CMT”) shall be appointed by the Superintendent/Designee 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 other person whom the Superintendent/Designee determines will assist the CMT in its actions.
- B. Training Materials. The CMT shall develop concussion training materials for school personnel, volunteers, student-athletes, and parents/guardians of student-athletes using a reputable program such as one listed in the Virginia Board of Education’s *Guidelines for Policies on Concussion in Student-Athletes*.
- C. Annual Evaluation. The CMT shall meet at least once a year to evaluate this Policy and the Division’s training materials, concussion reporting, and concussion management. The CMT shall present its findings and any recommendations to the Superintendent/Designee. In

addition, the CMT shall assist in developing any concussion reporting, management, and review protocols that may be needed beyond those set forth in this policy.

### **III. TRAINING AND RESPONSIBILITIES OF SCHOOL PERSONNEL AND VOLUNTEERS**

#### **A. Annual Training.**

1. Every coach, assistant coach, athletic trainer, athletic director, physical education teacher, school nurse, other school staff, and volunteer serving in a coaching or advisory role over student-athletes during games, competitions, or practices shall receive training on an annual basis in: (1) the signs and symptoms of sports-related concussions; (2) strategies to reduce the risk of concussions; (3) how to seek proper medical treatment for concussions; and (4) the process by which a student-athlete sustaining a concussion may safely return to play.
2. No person shall be allowed to coach or advise a student-athlete in any practice, game, or competition who has not completed the school's concussion training within the previous twelve months.

#### **B. Records.**

1. Each school's athletic director or other designated administrator shall maintain a written record of the names and dates of completion for all persons (school staff, volunteers, students and parent/guardians) completing the school's concussion training. Such records shall be kept for three (3) years.
2. Each school's athletic director or other designated administrator shall maintain for five (5) years a record of all incidents in which a student-athlete has been removed from a game, competition, or practice because he or she has been suspected of sustaining a concussion. At least once a year, each school shall submit a summary of these incidents to the Superintendent/Designee and the CMT.
3. All written medical releases and any other student-athlete health care records shall be kept in the student's confidential medical file maintained by the school.
4. All data from the Division's concussion assessment and cognitive testing software shall be treated as confidential, personally identifiable student educational records.

### **IV. TRAINING AND RESPONSIBILITIES OF STUDENT-ATHLETES AND PARENTS/GUARDIANS**

#### **A. Annual Training and Acknowledgment.**

1. Prior to participating in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review concussion training materials developed by the CMT and sign a statement acknowledging receipt, review, and understanding of such information. The concussion training materials shall describe the short-and long-term health effects of concussions.

2. The signed statements acknowledging the receipt, review, and understanding 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.
- B. Additional Training and Prevention. Student-athletes participating in sports that carry an elevated risk of concussion injuries, as determined by the CMT, will be required to participate in additional training and concussion prevention measures. These prevention measures include working with the schools to develop individualized baseline data through concussion assessment and cognitive testing software in order to help evaluate concussion injuries and facilitate the safe return to play.
  - C. Communication. Student-athletes and their parents/guardians need to communicate accurately with athletic trainers and other school staff in order to prevent and properly manage any concussion injuries. Student-athletes, who suspect that they have experienced a concussion, whether during extracurricular physical activities or other activities, should promptly report their suspected injuries to their athletic trainers or other school staff as soon as possible.

## V. REMOVAL FROM EXTRACURRICULAR PHYSICAL ACTIVITIES

- A. Immediate Removal. A student-athlete initially suspected by the student's athletic trainer of sustaining a concussion or brain injury in a practice, training, game, or competition shall be removed from the activity immediately. If no athletic trainer is present, the student's coach or volunteer team physician shall remove the student-athlete.
- B. Determining Whether a Concussion is Suspected. To determine whether a student-athlete removed from play is suspected of having sustained a concussion, the athletic trainer shall evaluate the student-athlete utilizing a standardized concussion sideline assessment instrument (e.g., Sideline Concussion Assessment Tool (SCAT-II, SCAT III, ChildSCAT3), the Standardized Assessment of Concussion (SAC), or the Balance Error Scoring System (BESS)). If no athletic trainer is present to conduct the sideline assessment, the student's coach or volunteer team physician shall conduct the assessment.
- C. No Return to Play on the Same Day. A student-athlete who has been removed from play, evaluated, and suspected to have sustained a concussion shall not return to play on the day of injury. A student-athlete who has been medically diagnosed with a concussion shall not be returned to play on the day of injury.
- D. Emergency Medical Services. At any point following a student's injury, the athletic trainer and other school staff should exercise reasonable judgment about whether and when to obtain emergency medical services for the student.

## VI. RETURN TO PLAY PROTOCOL

- A. Medical Release Required. No student-athlete who has sustained a concussion shall be allowed to begin a progressive return to play until the student presents a written medical release from a licensed health care provider. However, the athletic trainer of a student-athlete

shall not allow the return to play even after the production of a written medical release if he/she observes signs, symptoms or behaviors consistent with a concussion, at rest or with exertion.

1. The written medical release shall certify that: (i) the provider is aware of the current medical guidance on concussion evaluation and management; and (ii) the student-athlete no longer exhibits signs, symptoms or behaviors consistent with a concussion.
  2. A medical release shall be accompanied by a signed statement from the student's parent or guardian permitting the student to return to play.
- B. Progressive Return to Play. In order to return to play for practices, games, or competitions, a student athlete who has sustained a concussion must successfully complete a managed, progressive, and gradually more strenuous return to play program.
1. The athletic trainer shall first assess the student-athlete using the Division's concussion assessment and cognitive testing software.
    - a. If the student-athlete has not returned to his/her baseline functioning, the student-athlete shall not be returned to play, and the athletic trainer shall refer the student-athlete to his/her licensed health care provider for another assessment.
    - b. If the student-athlete has returned to baseline functioning, the athletic trainer shall confirm that the student-athlete does not exhibit signs, symptoms or behaviors consistent with a concussion, at rest or with exertion, and then permit the student to return to play in a progressive and gradual manner, while continuing to monitor the student for any signs, symptoms or behaviors consistent with a concussion.
  2. At any time the athletic trainer observes any signs, symptoms or behaviors consistent with a concussion, he/she shall immediately remove the student-athlete from play and refer the student to his/her licensed health care provider for a new assessment.
  3. After receiving a new assessment from a licensed health care provider following steps 1 or 2 above, the student-athlete must provide a new medical release, along with a new signed statement from the student's parent or guardian permitting a return to play, in order to return to play. After providing a new medical release, the process outlined in step 1 above must be followed again.
  4. If no athletic trainer is available to perform the functions of this section, the coach or a volunteer team physician shall perform these functions.

## **VII. RETURN TO LEARN PROTOCOL**

- A. School personnel shall be alert to cognitive and academic issues that may be experienced by a student-athlete 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.

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

#### **VIII. HELMET REPLACEMENT AND RECONDITIONING**

- A. All helmets used in extracurricular 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.

#### **IX. ATHLETIC ACTIVITIES CONDUCTED BY NON-SCHOOL ORGANIZATIONS ON SCHOOL PROPERTY**

The School Division may provide this policy 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 policy or Guidelines by such organizations.

Amended: August 14, 2014; March 24, 2016