

P6-09-004 ACCIDENTS AND SERIOUS ILLNESS MANAGEMENT OF STUDENTS WHO SUSTAIN A CONCUSSION

Accidents and Serious Illness

~~Accidents and serious illnesses of an emergency nature shall be reported to the principal immediately and every effort shall be made to immediately contact the parent or legal guardian.~~

~~If a student requires treatment beyond First Aid or if the parent or legal guardian cannot be reached, and the situation is deemed potentially life threatening, 911 will be initiated. Time permitting, staff should consult with the school nurse to determine the appropriate course of action. In the case of an emergency, school staff should immediately seek out appropriate emergency assistance as they deem necessary to address any accidents and serious illnesses, including contacting 911.~~

~~In the event of a fatal or other serious accident to either a staff member or a student, the principal should telephone the office of the Superintendent immediately. Refer to Policy ~~4-06-002~~, "Accidents."~~

I. Purpose

The purpose of this policy is to address the management in school of students who sustain a concussion during the regular school day or during a school sponsored activity during the regular school day and any Henrico County Public Schools sponsored event.

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 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.

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

II. Definitions

When used in this Policy, unless otherwise specifically defined where used, the following terms shall have the following meanings:

Concussion: A head injury or traumatic brain injury that is caused by 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 occur with or without a loss of consciousness. (https://www.cdc.gov/headsup/basics/concussion_what.html)

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

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. Examples in an elementary school setting include physical activities of "jog and walk" clubs and adult-student mentoring activities in which athletics are a regular and integral part of the mentoring experience.

Licensed Health Care Provider: a physician (i.e., M.D., D.O.), physician assistant, or athletic trainer 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.

Return to Learn: To return to participate in any school- and/or instruction-related activity(ies) following removal from such activity(ies) for a suspected or confirmed concussion. A student may return-to-learn only pursuant to the procedures set forth in this policy.

Return-to-Play: To return to participate in any curricular or extracurricular physical activity(ies), as defined herein, following removal from such activity(ies) for a suspected or confirmed concussion. A student may return-to-play only pursuant to the procedures set forth in this policy and only after the student has successfully completed the return-to-learn protocols.

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

III. The Henrico County Public Schools' Concussion Management Team

The Henrico County Public Schools' Concussion Management Team ("CMT") shall be appointed by the Superintendent, or his/her designee, and shall consist of a school administrator, an athletic administrator, a licensed health care provider, a coach, a school counselor, a parent or guardian of a student-athlete, and the student-athlete.

The CMT shall develop concussion training materials for school personnel and volunteers. 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 any school- and/or instruction-related activity(ies) because he or she has been suspected of sustaining a concussion pursuant to this policy.

The CMT shall meet at least once per semester and shall evaluate the division's training materials, concussion reporting, management, and review protocols annually. The CMT shall ensure training is current and consistent with best practice protocols.

IV. Return to Learn Protocol

School personnel shall be alert to cognitive, behavioral, and/or academic issues that may be experienced by a student who has suffered a concussion or other head injury pursuant to this policy, including (i) difficulty with concentration, organization, and long-term and short-term memory; (ii) sensitivity to bright lights and sounds; (iii) short-term problems with speech and language, reasoning, planning, and problem solving; and/or, (iv) excessive/atypical emotionality. 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.

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's licensed health care provider as to the

appropriate amount of time that such student needs to be away from the classroom.

A student with a suspected or confirmed concussion shall be evaluated for the purpose of determining whether or not the student may return to learn. Such evaluation shall be conducted by a licensed healthcare provider, as defined herein.

A student suspected of having sustained a concussion pursuant to this policy shall not be allowed to return to any school- and/or instruction-related activity(ies) on that day, and thereafter until the student presents a written medical release from the student's licensed healthcare provider. The written medical release shall certify that:

The provider is aware of the current medical guidance on concussion evaluation and management; and that either:

- The student did not suffer a concussion, or that**
- The student no longer exhibits signs, symptoms or behaviors consistent with a concussion at rest or with exertion and that the student has successfully completed a progressive return to learn participation program. The length of progressive return to learn protocols shall be determined by the student's licensed health care provider.**

Step-By-Step, Specific Return-to-Learn Protocols - A student recovering from a concussion as defined herein shall gradually increase cognitive activities progressing through some or all of the phases that follow. 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, including the student's teachers, school counselor, school administrator, and school nurse.

A. Home: Rest

Phase 1 – Cognitive and physical rest may include:

- Minimal cognitive/visual 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.**

The student will progress to part-time school attendance when able to tolerate a minimum of thirty(30) minutes of sustained cognitive exertion without exacerbation of symptoms or reemergence of previously resolved symptoms.

B. School: Modified Schedule

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

- **Shortened 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.**

The 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 mandatory breaks;**
- **Modified and/or limited classroom testing, exclusion from standardized testing; and,**
- **Reduction of extra time, assistance, and/or modification of assignments as needed.**

The student will progress to the minimal instructional modification phase when able to tolerate full- time school attendance without exacerbation of existing symptoms or reemergence 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.**

The student will progress to non-modified 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; and,**
- **Requires no instructional supports or modifications.**

D. 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:

- 1. Difficulty with attention, concentration, organization, long-term and short- term memory, reasoning, planning, and problem solving;**

2. **Fatigue, drowsiness, difficulties handling a stimulating school environment (e.g., sensitivity to light and sound);**
3. **Inappropriate or impulsive behavior during class, greater irritability, less able to cope with stress, more emotional than usual; and,**
4. **Physical symptoms (e.g., headache, nausea, dizziness).**

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

1. **Increase the amount of time in school;**
2. **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);**
3. **If symptoms do not worsen, demands may continue to be gradually increased;**
4. **If symptoms do worsen, the activity should be discontinued for at least 20 minutes and the student allowed to rest**
 - a. **If the symptoms are relieved with rest, the student may reattempt the activity at or below the level that produced symptoms; and,**
 - b. **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).**

F. 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 under the 504 guidelines.

G. 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).

V. Return To Play Protocol

No student shall participate in any school sponsored curricular or extracurricular activity, practice or training the same day he or she is injured if the student exhibits signs, symptoms, or behaviors attributable to a concussion, or has been diagnosed with a concussion.

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:

- **the student attends all classes, maintains a full academic load including homework, and requires no instructional modifications;**
- **the student no longer exhibits signs, symptoms, or behaviors consistent with a concussion, at rest or with exertion;**
- **the student is asymptomatic during or following periods of supervised exercise that is gradually intensifying; and,**
- **the student receives a written medical release from an appropriate licensed health care provider returning the student to physical activity.**

VI. Student Athletes

A. Required Concussion Training for 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 receive annual training in the signs and symptoms of sports-related concussions, strategies to reduce the risk of concussions, how to activate the concussion management plan and seek proper medical treatment for a person suspected of having a concussion, and the process by which a concussed student-athlete may safely return to school and/or instructional activities, and subsequently return to practice or competition. Each school shall maintain a written record of the names and dates of completion for all persons completing the school's concussion training.**
- b. Each school shall ensure that no person is allowed to 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.**
- c. A reputable program shall be used for the annual training on concussion management. The Henrico County Public Schools shall use the Centers 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 <https://www.cdc.gov/headsup/youthsports/training/index.html>.

B. 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 authorized by the CMT 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 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.**

C. 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, following such removal, the team physician does not suspect that the student athlete has sustained a concussion, the student-athlete may be returned to play. At times when a team physician is not present, 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 neither a team physician nor a team athletic trainer is present, if the team coach does not suspect that the student-athlete has sustained a concussion, the student-athlete may be returned to play. If the student-athlete is returned to play pursuant to this provision, the team physician and/or team athletic trainer shall be notified of same within forty-eight (48) hours.**
- c. **If, following such removal the team physician 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 (SCAT5), the Standardized Assessment of Concussion (SAC), or the Balance Error Scoring System (BESS)). At times when a team physician is not present, if the team athletic trainer suspects that the student-athlete has sustained a concussion, the student-athlete shall be evaluated using a standardized concussion sideline assessment instrument. At times when neither a team physician nor a team athletic trainer is present, if the team coach suspects that the student-athlete has sustained a concussion, the student-athlete shall be evaluated using a standardized concussion sideline assessment instrument.

- d. A student-athlete who has been removed from play, evaluated using a standardized sideline assessment instrument by a trained individual who determines the student is no longer suspected of having sustained a concussion based on the assessment, 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 by a properly trained individual, shall not be allowed to return to play in any Extracurricular physical activity until the student completes applicable steps in the return-to-learn and return-to-play protocols outlined in this policy.**
- 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.**
- h. When a student-athlete is suspected of having sustained a concussion and it is not possible to immediately perform a HENRICO COUNTY PUBLIC SCHOOLS standardized sideline assessment, the student-athlete shall not be allowed to return to play in any curricular or extracurricular physical activity until the student completes applicable steps in the return-to-play protocols outlined in this policy.**
- i. Any student-athlete who has been removed from play for a suspected or confirmed concussion shall be evaluated for the purpose of determining whether or not the student may return to learn pursuant to the procedures set forth in this policy. Such evaluation shall be conducted by a licensed health care provider, as defined herein. Under no circumstances may a student return-to-play without having successfully completed the applicable return-to-learn protocols.**
 - 1. 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, and thereafter until the student presents a written medical release from the student-athlete's licensed health care provider. The written medical release shall certify that:**
 - a. the provider is aware of the current medical guidance on concussion evaluation and management; and that either**
 - b. the student athlete did not suffer a concussion, or that**
 - c. the student-athlete no longer exhibits signs, symptoms or behaviors consistent with a**

concussion at rest or with exertion and that the student-athlete has successfully completed a progressive return to sports participation program. The length of progressive return to sports participation program shall be determined by the student- athlete's licensed health care provider but shall last a minimum of five calendar days. A student's progressive return to sports participation program may not commence unless the student has exhibited no concussive symptoms for a period of at least 24 consecutive hours.

- 2. Under no circumstances may a student-athlete be permitted to return to learn in any school- and/or instruction-related activity(ies) or return to play in any extracurricular physical activity unless the written Concussion Medical Status Form contains all certifications required by this policy.**

- 3. The team physician 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, if the team physician observes signs and symptoms of sports-related concussions. If there is no team physician available, then the team athletic trainer, for such reasons, 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. If there is neither a team physician nor a team athletic trainer available, then the team coach, for such reasons, 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. If such election not to allow the student- athlete to return to learn and/or 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 school- and/or instruction-related activity(ies) and/or extracurricular physical activities.

D. Helmet Replacement and Reconditioning

- a. All helmets used in school physical activities must conform to the National Operating Committee on Standards for Athletic Equipment (NOCSAE) and be 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 a National Athletic Equipment Reconditioners Association (NAERA) member**
- c. Regular training on proper helmet fitting and maintenance is recommended for coaches of all sports wearing protective headgear.**

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Legal References: Va. Code 22.1-271.5 and 22.1-271.6.