

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

**Prince George County Public Schools** desires the safe return to activity for all student-athletes participating in extracurricular physical activities following an injury, but particularly after a concussion. The goal of this policy is to ensure (i) that coaches, school staff, volunteers, student-athletes, and their parents or guardians are aware of the short-term and long term effects of concussions; (ii) that concussed student-athletes are identified, removed from play immediately, and referred appropriately; and (iii) that concussed student-athletes are returned to play only after receiving appropriate medical care, given adequate time to heal, and are symptom free.

### **Definitions**

**Concussion:** 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.

**Licensed Health Care Provider:** 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:** to participate in a non-medically supervised practice, game, or athletic competition.

### **I. Prince George County Public Schools Concussion Management Team**

- a. The Prince George County Public Schools Concussion Management Team (“CMT”) shall be appointed by the Superintendent of Schools 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 the Superintendent 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 annual statistics of all incidents where a student-athlete has been removed from a game, competition, or practice due to a suspected concussion.
- c. The CMT shall meet at least once per semester and shall evaluate the division’s training materials, concussion reporting, management, and review protocols annually.

## II. Required Concussion Training for School Personnel and Volunteers:

- a. Every Coach, Assistant Coach, School Staff, Adult Volunteer, or other person serving in a coaching or advisory role over student-athletes during games, competitions, or practices shall receive training in 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. Each school and the CMT shall maintain a written record of the names and dates of completion for all persons completing the school's concussion training. *Annual training will be conducted during the mandatory coaches meeting in September. All coaches must complete the National Federation of State High School Associations' (NFHS) online coach education course ([www.nfhslearn.com](http://www.nfhslearn.com)).*
- b. Each school shall ensure that no person is 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.

## III. Distribution of Training Materials 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 developed 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. *(See Acknowledgement of Risk, F-1)*
- 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. *The signed acknowledgement of risk is to be filed with the VHSL physical form.*

## IV. Removal from Extracurricular Physical Activities

- a. A student-athlete suspected by his or her coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice, game, or competition shall be removed from the activity immediately, evaluated, and if necessary referred for further treatment. A student-athlete who has been removed from play, evaluated, and suspected to have sustained a concussion shall not return to play that same day. *(See 'Heads-Up' Concussion Alert form, F-2)*
- b. In determining whether a student-athlete removed from play is suspected of having sustained a concussion, an appropriate licensed health care provider or other properly trained individual, shall evaluate the student-athlete at the time of removal utilizing a standardized concussion sideline assessment instrument (e.g., Sideline Concussion Assessment Tool (SCAT-II), the Standardized Assessment of Concussion (SAC), or the Balance Error Scoring System (BESS)).

- c. *In addition to the SCAT2 assessment, the athletic trainer, team physician, or coach must complete the "Heads Up" Concussion Alert Notification to Parent/Guardian form immediately following the suspected head injury. The 'Heads Up' form is produced in triplicate. The top copy is to be given to the parent/guardian. The second copy will remain with the athletic trainer, team physician, or coach. The bottom copy is to be sent to the student-athlete's school nurse to be placed in his/her cumulative medical file.*
- d. 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 Athletic Trainer would be the licensed healthcare provider if the district did not have a team physician present at each event. A coach could also be trained using the Sideline Concussion Assessment Tool (SCAT-II), the Standardized Assessment of Concussion (SAC) or the Balance Error Scoring Test (BESS); however, it would be best practice to always use the licensed healthcare provider (first – team Doctor, if available; second – Athletic Trainer; third – Coach in the absence of the team Doctor or Athletic Trainer provided the individual is trained/approved on the Concussion Sideline Assessment Instrument).*
- e. 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. *(See Coaches Guide to Concussions, JJAC-R)*

#### V. Return To Play Protocol

- a. Any student-athlete who has been removed from play, evaluated pursuant to section IV.d., above, and is suspected to have a concussion or brain injury shall not return to play that same day or until he or she is evaluated by an appropriated licensed health care provider and provides a written medical release to return to play from such licensed healthcare provider. The written medical release shall certify that (i) the provider is aware of the current medical guidance on concussion evaluation and management; (ii) the student-athlete no longer exhibits signs symptoms or behaviors consistent with a concussion at rest or with exertion; and (iii) that the student is asymptomatic during or following periods of supervised exercise that is gradually intensifying. *(See Return to Play Protocol, JJAC-R)*
- b. The coach of a student-athlete may elect not to allow a student-athlete to return to extracurricular physical activities, even after the production of written medical release from the student-athlete's licensed health care provider, if the coach observes signs and symptoms of sports-related concussions. If the student-athlete's coach makes such a decision, the coach shall communicate the observations and concerns 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.

## VI. 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.
- c. *Student-athletes are required to inspect helmets daily for abnormalities and needed repair. The athletic trainer, equipment manager, or coach will repair/replace parts as able and as suggested by the helmet manufacturer. Helmets will be inspected thoroughly at the conclusion of each season for excessive damage and/or abnormalities.*
- d. *All football helmets will be sent for reconditioning on a two year cycle starting in 2010.*

Adopted: August 8, 2011 (administratively)

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

Cross Ref.:	JJAC-R	Coaches Guide to Concussions/Return to Play Protocol
	JJAC-F1	Head Injury/Concussion Acknowledgement of Risk
	JJAC-F2	“Heads Up” Concussion Alert Notification to Parent/Guardian

## COACHES GUIDE TO CONCUSSIONS

### SIDELINE MANAGEMENT

**1. Did a concussion take place?**

Based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness, assume a concussion has occurred if the head was hit and even the mildest of symptoms occur. (See Signs & Symptoms)

**2. Does the athlete need immediate referral for emergency care?**

If confusion, unusual behavior or responsiveness, deteriorating condition, loss of consciousness, or concern about neck and spine injury exists, the athlete should be referred at once for emergency care.

**3. If no emergency is apparent, how should the athlete be monitored?**

Every 5- 10 minutes, mental status, attention, balance, behavior, speech and memory should be examined until stable over a few hours. If appropriate medical care is not available, an athlete even with mild symptoms should be sent for medical evaluation.

**4. Any athlete SUSPECTED of having a concussion should NOT return to the same practice or contest, even if symptoms clear in 15 minutes.**

Observable Signs	Reported Symptoms
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Does not know the score or opponent</li> <li>• Seems clumsy</li> <li>• Slow to answer questions</li> <li>• Loss of consciousness (even briefly)</li> <li>• Changes in mood, behavior, or personality</li> <li>• Does not remember events <i>Prior</i> or <i>After</i> the incident</li> <li>• Slow, slurred speech</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or pressure in the head</li> <li>• Nausea or vomiting</li> <li>• Problems with balance or dizziness</li> <li>• Ringing in the ears</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light</li> <li>• Feels sluggish, groggy, tired, hazy, or foggy</li> <li>• Trouble concentrating or loss of memory</li> <li>• Confusion</li> <li>• Feels “down” or depressed</li> </ul>

**UNUSUAL BEHAVIORS:** Behaving in a combative, aggressive or very silly manner; atypical behavior for the individual; repeatedly asking the same question over and over; restless and irritable behavior with constant motion and attempts to return to play; reactions that seem out of proportion and inappropriate; and having trouble resting or "finding a comfortable position."

IF NO MEDICAL PERSONNEL ARE ON HAND AND AN INJURED ATHLETE HAS ANY OF THE ABOVE SYMPTOMS, HE OR SHE SHOULD BE SENT FOR APPROPRIATE MEDICAL CARE.

### RESPONSIBILITIES FOLLOWING A SUSPECTED HEAD INJURY

1. Closely monitor the athlete. The athlete should not be left alone. Reassess for changes in signs and symptoms every 5-10 minutes until the child is picked up by parents.

*\*\*Do not allow an athlete suspected of having a concussion to drive home.*

2. Contact the athlete’s parent/guardian.

3. Give the parent/guardian the “HEADS UP” CONCUSSION Alert Notification form.
4. Notify appropriate school personnel (school administrator, nurse, guidance counselor), and athletic trainer.
5. Complete the P.G.C.P.S. Concussion Checklist and forward a copy to the school nurse or athletic trainer.

## RETURN TO PLAY PROTOCOL

The following guidelines and the return to play schedule is to be followed for any child suffering from a head injury. Physical education teachers must be made aware of the athlete/students restrictions by the next school day to ensure compliance. Athletes/students who are active in the return to play schedule must be exempt from participating in physical education.

### General Guidelines

- Any athlete suspected of having a concussion should not return to the same practice or contest, even if symptoms clear in 15 minutes.
- Every athlete suspected of a head injury – even mild, must be evaluated by a medical professional.
- Following the initial injury, the student must follow up with his or her primary care physician or an emergency department within the first 24 hours.
- The student or athlete must have the initial “Concussion Checklist” completed by the Athletic Trainer, Coach, or Nurse
- Once the athlete has been evaluated and treated by a physician, the athlete’s return to play is determined by the physician.
- Return to play must follow a medical clearance and successful completion of the “Return to Play Protocol”
- NO athlete should return to play without written clearance from the treating physician.

### Functional Return to Play Schedule:

- The following progression may begin when the athlete/student is asymptomatic (symptom free).
- Athlete must remain asymptomatic to progress to the next level.
- If symptoms recur, athlete must return to previous level
- Athletes can become asymptomatic one day after the concussion, or weeks after the incident, depending on the severity, frequency, etc. However, the following progression may not be started until ALL signs and symptoms resolve.
- In ordinary circumstances the following levels represent days.

Level	Activity (only after athlete is asymptomatic)
Level 1	When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
Level 2	Initiate aerobic activity fundamental to specific sport such as skating or running, and may also begin progressive strength training activities
Level 3	Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
Level 4	Continue with level 3 activities and obtain medical clearance. Medical clearance needs to occur before contact      **performed by MD, ATC, RN
Level 5	Full contact in practice setting.
Level 6	If athlete remains asymptomatic, he or she may return to game/play.

NFHS. Concussions.2008 NFHS Sports Medicine Handbook (3<sup>rd</sup> Edition). 2008: 77-82

# Head Injury/Concussion Acknowledgement of Risk

PRINCE GEORGE COUNTY PUBLIC SCHOOLS

(To be completed and signed by parent/guardian)

I give permission for \_\_\_\_\_(name of child/ward) to participate in any of the following sports that **are not** crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports).

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**By my signature below**, I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports **to include concussions or other brain injuries** through meetings, written handouts, or some other means. **I am aware of the school’s return to play policy as it relates to all injuries to include concussions or other brain injuries.** I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport(s) and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport(s) and travel with the team(s).

By my signature **below**, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form on my child/ward. I further consent to allow Prince George County School personnel and health care provider(s) to mutually share appropriate information concerning my child/ward that is relevant to participation in athletics and activities.

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**“HEADS UP” CONCUSSION Alert Notification to Parent/Guardian**  
 PRINCE GEORGE COUNTY PUBLIC SCHOOLS

Date: \_\_\_\_\_

To Parent/Guardian of: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Your child received an **injury to the head** today at \_\_\_\_\_ (time of day) during \_\_\_\_\_ (activity).

Description of Incident:

\_\_\_\_\_

\_\_\_\_\_

Was there a loss of consciousness?	Yes	No	Unclear
Does individual remember the injury?	Yes	No	Unclear
Does individual have confusion following the injury?	Yes	No	Unclear
Has individual ever had a concussion before?	Yes (Date: _____)	No	Unclear

Even a mild bump to the head can be serious and may result in a **concussion**. A concussion is a type of brain injury that that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can have a serious effect on a young, developing brain. Most concussions occur without loss of consciousness.

**The following signs / symptoms were observed by staff or reported by your child following your child’s injury.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Appears dazed or stunned                     | <input type="checkbox"/> Feeling sluggish, hazy, foggy, or groggy | <input type="checkbox"/> Weakness, numbness, tingling |
| <input type="checkbox"/> Confusion                                    | <input type="checkbox"/> Restless, agitated, irritable, nervous   | <input type="checkbox"/> Slurred speech               |
| <input type="checkbox"/> Answers questions slowly                     | <input type="checkbox"/> Drowsy or cannot be awakened             | <input type="checkbox"/> Headache, “pressure in head” |
| <input type="checkbox"/> Repeats questions                            | <input type="checkbox"/> Sad or more emotional than usual         | <input type="checkbox"/> Nausea or vomiting           |
| <input type="checkbox"/> Unable to follow directions                  | <input type="checkbox"/> Does not “feel right”                    | <input type="checkbox"/> Blurry or double vision      |
| <input type="checkbox"/> Can’t recall events prior to hit, bump, fall | <input type="checkbox"/> Balance or coordination problems         | <input type="checkbox"/> One pupil of eye larger than |
| <input type="checkbox"/> Can’t recall events after hit, bump, fall    | <input type="checkbox"/> Dizziness                                | <input type="checkbox"/> Loss of consciousness        |
| <input type="checkbox"/> Difficulty thinking clearly                  | <input type="checkbox"/> Ringing in ears                          | <input type="checkbox"/> Seizure or convulsion        |
| <input type="checkbox"/> Difficulty concentrating or remembering      | <input type="checkbox"/> Sensitive to light or noise              | <input type="checkbox"/> Other:                       |
|   |   | <input type="checkbox"/> None of the above            |

**RECOMMENDATIONS:**

- Your child has signs / symptoms that may indicate a concussion has occurred. You are advised to:
- **SEEK MEDICAL ATTENTION RIGHT AWAY. A healthcare professional must determine the seriousness of the injury and will advise when it is safe for your child to return to physical activity, play, and school.**
  - Have your child rest from all activity (including sports, exercise, computer, studying, playing video games, texting, etc.) until evaluated and cleared by a healthcare professional.
  - If signs / symptoms return when your child’s activity is resumed, stop all activity and notify healthcare professional.
- None of the above signs / symptoms of concussion were observed by staff or reported by your child.
- NOTE:** Signs and symptoms of concussion can show up right after an injury OR may not appear or be noticed until hours or days after the injury. You are advised to:
- **CONTINUE TO WATCH FOR CHANGES IN HOW YOUR CHILD IS ACTING OR FEELING. SEEK MEDICAL ATTENTION RIGHT AWAY IF ONE OR MORE OF THE ABOVE SIGNS / SYMPTOMS OF CONCUSSION IS NOTED.**

Evaluator’s Name: \_\_\_\_\_ Title: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**For additional information and free resources:**

Centers for Disease Control: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion) • Brain Injury Association of Virginia: [www.biav.net](http://www.biav.net)