

**Virginia Board of Education
Guidelines for Policies on Concussions in Student-Athletes**

Adopted January 13, 2011

**Senate Bill 652, the 2010 General Assembly
Code of Virginia § 22.1-271.5**

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Introduction

Pursuant to Senate Bill 652, the 2010 General Assembly amended the *Code of Virginia* to include § 22.1-271.5 directing the Board of Education to develop and distribute to school divisions by July 1, 2011, guidelines for policies dealing with concussions in student-athletes, and requiring each school division to develop policies and procedures regarding the identification and handling of suspected concussions in student-athletes. The full text of the legislation is available at the end of this document.

The goals of the Student-Athlete Protection Act (SB 652) are to ensure that student-athletes who sustain concussions are properly diagnosed, given adequate time to heal, and are comprehensively supported until they are symptom free. According to the Consensus Statement on Concussion in Sport (3rd International Conference on Concussion in Sport, Zurich, November 2008), “the cornerstone of concussion management is physical and cognitive rest until symptoms resolve and then a graded program of exertion prior to medical clearance and return to play.”

The Brain Injury Association of Virginia notes that it is important for all education professionals to be aware of the issues surrounding brain injuries and how they can affect the student’s abilities in the educational setting. Resulting impairments can be multifaceted and can include cognitive, behavioral, and/or physical deficits. Impairments can be mild or severe, temporary or permanent, resulting in partial or total loss of function. Because these deficits are so varied and unpredictable, it is difficult to forecast the recovery for a student with a brain injury.

Definitions(s)

A **concussion** is 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. A concussion can be difficult to diagnose, and failing to recognize the signs and symptoms in a timely fashion can have dire consequences.

Most athletes who experience a concussion can recover completely as long as they do not return to play prematurely. 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 an athlete sustains a second concussion during this period, the risk of permanent brain injury increases significantly and the consequences of a seemingly mild second concussion can be very severe, and even result in death (i.e., “second impact syndrome”).

Appropriate 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 participate in a nonmedically supervised practice or athletic competition.

Virginia Board of Education Guidelines

A. Policies and Procedures

1. Each school division shall develop policies and procedures regarding the identification and handling of suspected concussions in student-athletes. Consideration should also be given to addressing the academic needs and gradual reintroduction of cognitive demands for students who have been determined to have a concussion. The Brain Injury Association of Virginia offers resources on strategies for educators to consider when working with a student with a brain injury.
2. In order to participate in any extracurricular athletic activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis (every 12 months), 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 shall sign a statement acknowledging receipt, review, and understanding of such information. The local school division will determine procedures for ensuring, annually, that statements are distributed to, and collected from each student-athlete and his or her parent or guardian with appropriate signatures.
3. 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 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 as determined by the Board of Education 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 a concussion or brain injury may be a volunteer.
4. 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 (e.g., SCAT II, SAC and BESS). Sideline Concussion Assessment Tool (SCAT-II), 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. A list of assessment tools is located in the Resources section of these guidelines.
5. A concussion policy team that includes, at a minimum, a school administrator, athletic administrator, appropriate licensed health care provider, coach, parent, and student shall refine and review local concussion management policies on an annual basis.

B. Protocol for return to play

1. No member of a school athletic team shall participate in any athletic event or practice the same day he or she is injured and:
 - a. exhibits signs, symptoms or behaviors attributable to a concussion; or
 - b. has been diagnosed with a concussion.
2. 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:
 - a. the student no longer exhibits signs, symptoms or behaviors consistent with a concussion, at rest or with exertion;

- b. the student is asymptomatic during, or following periods of supervised exercise that is gradually intensifying; and
- c. the student receives a written medical release from a licensed health care provider.

The Zurich Consensus Statement (November 2008) return to play guidelines and the American Academy of Pediatrics (AAP) Concussion Guidelines (August 2010), are available online to assist healthcare providers, student athletes and their families, and school divisions, as needed.

C. Helmet replacement and reconditions policies and procedures

1. Helmets must be National Operating Committee on Standards for Athletic Equipment (NOCSAE) certified by the manufacturer at the time of purchase.
2. Reconditioned helmets must be NOCSAE recertified by the reconditioner.

D. Training required for personnel and volunteers

1. 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 athlete may safely return to the event or training.
2. The concussion policy management team shall ensure training is current and consistent with best practice protocols.
3. School divisions shall maintain a tracking system to document compliance with the annual training requirement.
4. Annual training on concussion management shall use a reputable program such as, but not limited to, the following:
 - a. 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 http://www.cdc.gov/concussion/HeadsUp/online_training.html. These include *Heads Up to Schools: Know Your Concussion ABCs*; *Heads Up: Concussion in Youth Sports*; and *Heads Up: Concussion in High School Sports*.
 - b. 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.
 - c. The Oregon Center for Applied Science (ORCAS) ACTive® course, an online training and certification program that gives sports coaches the tools and information to protect players from sports concussions. Available at <http://activecoach.orcasinc.com/>, ACTive® is funded by the National Institutes of Health, developed by leading researchers, and validated in a clinical trial.

Community Involvement

Schools should make every effort to provide materials and training opportunities related to concussion management to organizations sponsoring athletic activity for student-athletes on school property. School divisions are not required to enforce compliance with such policies.

Code of Virginia

§ [22.1-271.5](#). *Policies on concussions in student-athletes.*

A. The Board of Education shall develop and distribute to each local school division guidelines on policies to inform and educate coaches, student-athletes, and their parents or guardians of the nature and risk of concussions, criteria for removal from and return to play, and risks of not reporting the injury and continuing to play.

B. Each local school division shall develop policies and procedures regarding the identification and handling of suspected concussions in student-athletes. Such policies shall require:

1. In order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local 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 shall sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education; and

2. 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 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 as determined by the Board of Education 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 a concussion or brain injury may be a volunteer.

C. In addition, local school divisions may provide the guidelines to organizations sponsoring athletic activity for student-athletes on school property. Local school divisions shall not be required to enforce compliance with such policies.

3. That the Board of Education, in developing the policies pursuant to subsection A of § [22.1-271.5](#), shall work with the Virginia High School League, the Department of Health, the Virginia Athletic Trainers Association, representatives of the Children's Hospital of the King's Daughters and the Children's National Medical Center, the Brain Injury Association of Virginia, the American Academy of Pediatrics, the Virginia College of Emergency Physicians and other interested stakeholders.

4. That the policies of the Board of Education developed pursuant to subsection A of § [22.1-271.5](#) shall become effective on July 1, 2011.

Resources

A. Organizations and agencies that provide resources related to concussions

1. American Academy of Pediatrics, <http://www.aap.org>
2. American Medical Society for Sports Medicine, <http://www.amssm.org/>
3. Brain Injury Association of Virginia, <http://www.biav.net>
4. Children's Hospital of the King's Daughters, <http://www.chkd.org>
5. Children's National Medical Center, <http://www.childrensnational.org>
6. Consensus Statement on Concussion in Sport (3rd International Conference on Concussion in Sport, Zurich, November 2008), <http://www.sportconcussions.com/html/Zurich%20Statement.pdf>
7. National Academy of Neuropsychology, <http://www.nanonline.org>
8. Virginia Athletic Trainers' Association, <http://www.vata.us>
9. Virginia College of Emergency Physicians, <https://www.acep.org>
10. Virginia Department of Health, <http://www.vdh.state.va.us>
11. Virginia High School League, <http://www.vhsl.org>

B. Concussion assessment tools

1. Sports Concussion Assessment Tool (SCAT), Concussion in Sport Group, http://www.amssm.org/MemberFiles/SCAT_v13-Side_2.doc
2. The Sideline Assessment for Concussions, Brain Injury Association of America, http://www.knowconcussion.org/pdfs/sideline_assessment.pdf and <http://www.knowconcussion.org/pdfs/bess.pdf>
3. Sports-Related Concussions in Children and Adolescents, Pediatrics, <http://pediatrics.aappublications.org/cgi/content/abstract/peds.2010-2005v1?rss=1>

C. Educational strategies for working with students who have concussions

1. Brain Injury and the Schools: A Guide for Educators, Brain Injury Association of Virginia, <http://www.biav.net>