

Effective **July 1, 2014** Virginia law requires non-interscholastic youth sports programs using public school property to have policies and procedures regarding concussions in student athletes. In particular, House Bill 410 requires youth sports programs either to:

1. "Establish policies and procedures regarding the identification and handling of suspected concussions in student athletes, consistent with either the local school division's policies and procedures or the [Virginia] Board [of Education's] Guidelines for Policies on Concussions in Student-Athletes" or
2. "Follow the local school division's policies and procedures regarding the identification and handling or suspected concussions in student-athletes."

**Any youth sports program using Hanover County Public Schools facilities must meet this requirement.**

The Hanover County Public Schools policy and regulation regarding concussions appear in **Policy 7-5.1 Safety** and in **Regulation 7-5.1(D) – Student Athlete Concussion During Extracurricular Activities**.

Thank you for your cooperation.

**REGULATION 7-5.1 (D): STUDENT-ATHLETE CONCUSSIONS DURING EXTRACURRICULAR ACTIVITIES**

1. Definitions:
  - a. "**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 (for example, a helmet to the head, or being knocked to the ground). A concussion can occur with or without a loss of consciousness.
  - b. "**Licensed Health Care Provider**" – means a physician (MD), physician assistant (PA), osteopath (DO) or athletic trainer (ATC) licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner (NP) licensed by the Virginia State Board of Nursing.
2. Hanover County Public Schools Concussion Management Team
  - a. The Hanover County Public Schools Concussion Management Team (CMT) shall be appointed by the Superintendent of Schools or his/her designee and shall include 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 the Superintendent appoints because of the person's particular knowledge and/or expertise.
  - b. The CMT shall develop concussion training materials for school personnel, volunteers, student-athletes, and parents of student-athletes. The CMT also shall develop concussion reporting, management, and review protocols for the school division. The CMT shall maintain a record of all incidents where a student-athlete has been removed from a game, competition, or practice because he or she has been suspected of sustaining a concussion.
  - c. The CMT shall appoint a chairperson and meet at least once per semester to evaluate the school division's training materials, concussion reporting, management, and review protocols annually.
3. 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, ways 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 principal or his/her designee shall maintain a written record of the names and dates of completion for all persons completing the school's concussion training. The principal or his/her designee shall provide the CMT with a written record of the names and dates of completion for all persons completing the school's concussion training.

- b. The principal or his/her designee 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.

4. Required Training for Student-Athletes and Parents/Guardians

- a. Each school principal or his/her designee shall ensure that each student-athlete and the student-athlete's parent or guardian review concussion training materials developed by the CMT and sign a statement acknowledging receipt of such information prior to participating in any extracurricular physical activity. 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. The principal or his/her designee will provide the CMT with a written record of the signed statements for all persons receiving the school's concussion training materials.

5. Removal from Extracurricular Physical Activities and Gradual Return to Sport Progression Program

When a student-athlete is suspected of sustaining a concussion by the athletic trainer, coach, or member of the school staff, in practice or during a game, that student will be removed from the activity at that time. Once removed from play, the student-athlete in question will be evaluated and the concussion management plan shall be implemented as outlined below:

- a. An evaluation/sideline assessment of student-athlete will be conducted:
  - If there is a Licensed Health Care Provider on-site, he/she shall evaluate the student-athlete at the time of removal, utilizing a standardized concussion sideline assessment instrument (e.g., the Sideline Concussion Assessment Tool (SCAT2), the Standardized Assessment of Concussion (SAC), or the Balance Error Scoring System (BESS))
  - i. If the Licensed Health Care Provider's evaluation determines that the student-athlete is suspected of having sustained a concussion, that determination is final. The student-athlete shall not be allowed to return to any activities (conditioning, practices or game) that day and may not return to any activities until evaluated and cleared by a Licensed Health Care Provider.

- ii. If the Licensed Health Care Provider's evaluation determines that the student-athlete is **not** suspected of having sustained a concussion, the student-athlete may resume the activity.
    - If there is no Licensed Health Care Provider available, the coaching staff must act more conservatively. The student-athlete will be removed from the activity immediately. The athlete will not be allowed to return to any activities (conditioning, practices or game) that day and may not return to any activities until evaluated and cleared by a Licensed Health Care Provider.
- b. A member of the coaching or school staff shall contact the student-athlete's parent immediately to notify him/her of the injury. If the student-athlete has been removed from the activity, the staff member also shall provide the parent with the HCPS Concussion Medical Evaluation Form (to be completed by a Licensed Health Care Provider), written information on the Gradual Return to Sport Progression Program, and a chart of signs and symptoms of a concussion.
- c. The student-athlete will begin the Gradual Return to Sport Progression Program when:
  - The student-athlete has received written medical clearance (using a HCPS Concussion Medical Evaluation Form) from a Licensed Health Care Provider; and,
  - The student-athlete no longer exhibits any signs or symptoms consistent with a concussion (asymptomatic).
- d. Returning to play:
  - Once a Licensed Health Care Provider has approved a student-athlete's return to play, the Athletic Trainer will begin to implement the Gradual Return to Sports Progressive Program for the student-athlete. (Middle school student-athletes must report to the Athletic Trainer at the student's corridor high school.)
  - The student-athlete must progress through each step of the program as long as he or she remains asymptomatic. The student-athlete's progress will be monitored by the Athletic Trainer. The student-athlete's progress through each step will take at least 24 hours, and progression through the entire program takes a minimum of 5-7 days to complete, depending on the nature of the sport. The student-athlete may resume full game participation upon completion of the program, provided concussion symptoms do not return. A return of concussion symptoms indicates inadequate recovery from the concussion. If concussion symptoms return during the student-athlete's progression through the program, the student-athlete may not progress further in the program until he/she is asymptomatic again for 24 hours. Once the student-athlete has been asymptomatic for 24 hours, he/she must repeat the last step in the program the student-athlete completed.
- e. The role of the Athletic Trainer will be to frequently monitor and evaluate the student-athlete from the moment of the injury until return to play. This will include a daily re-evaluation of the student-athlete, supervision in the gradual return to sport progression program, and providing final return to play clearance. (See chart below.)

- f. The coach and/or Athletic Trainer 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 and/or Athletic Trainer observe signs and symptoms of concussions.
6. 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 must be certified as conforming by the manufacturer at the time of purchase.
  - b. Reconditioned helmets which have been purchased must be recertified as conforming to the NOCSAE by the reconditioner.

**Gradual Return to Sport Progressive Program Chart**

<b>Rehabilitation Stage</b>	<b>Functional exercise at each stage of rehabilitation</b>	<b>Objective of each stage</b>
1. No Activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming, stationary cycling at less than 70% maximum heart rate; no resistance exercises	Increase heart rate
3. Sport-Specific exercise	Specific sport-related drills but no head impact	Add movement
4. Non-contact training drills	More complex drills, may start light resistance training	Exercise, coordination, and cognitive load
5. Full contact practice	After medical clearance, participate in normal training activities  <i>*At the conclusion of day five, the student will be reevaluated to determine if additional rehabilitation is required depending on the nature of the sport to resume full game participation provided symptoms do not return. A return of symptoms indicates inadequate recovery from the concussion.</i>	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

\* Table/Chart adapted taken from:  
 Concussion Rehabilitation/Stepwise Return to Play (from the American Academy of Pediatrics- Sport-Related Concussion in Children and Adolescents – Published August 2010  
 Journal of Science and Medicine in Sport – Consensus statement – Concussion Conference in Zurich, November 2008

Adopted: September 27, 2011