

McLean Youth Athletics  
Concussion Policies and Procedures

In accordance with §22.1-275 of the Code of Virginia and the *Virginia Board of Education Guidelines for Policies on Concussions in Student Athletes*, McLean Youth Athletics establishes the following policies and procedures regarding the identification and handling of suspected concussions in athletes participating in McLean Youth Athletics sports programs.

**A. Policies and Procedures**

1. In order to participate in any McLean Youth Athletics (MYA) sport program, each athlete and the athlete's parent or guardian shall review, on an annual basis (during the period beginning July 1<sup>st</sup> and ending June 30<sup>th</sup> of the following year), information on concussions provided by MYA. After having reviewed materials describing the short- and long-term health and academic effects of concussions, the parent or guardian of each athlete (regardless of the athlete's grade) shall sign a statement acknowledging receipt, review, and understanding of such information prior to the athlete's participation in any MYA sport program (including tryouts). In addition, each athlete in grade four and above (or as developmentally appropriate) shall sign a statement acknowledging receipt, review, and understanding of such information. The information as well as a method to collect electronic signatures will be made available through the online registration process available for all constituent sports of MYA. Prior to the beginning of that sport's season, each individual constituent sport will determine procedures for ensuring that statements are distributed to, and collected from each athlete and his or her parent or guardian with appropriate signatures.
2. Prior to participation in any MYA sport program, each athlete shall have a physical examination completed by Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant. The physical examination shall be valid from May 1<sup>st</sup> of the current year through June 30<sup>th</sup> of the following year and shall be similar in form to the Virginia High School League's pre-participation physical examination.
3. An athlete suspected by that athlete's coach, athletic trainer, or team physician of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time. An 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 defined by the Virginia 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 athletes suspected of having a concussion or brain injury may be a volunteer.
4. Appropriate licensed health care providers or properly trained individuals evaluating athletes at the time of injury will utilize a standardized concussion sideline assessment instrument. Sideline Concussion Assessment Tool (SCAT-II, SCAT III, ChildSCAT3), 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 the *Virginia Board of Education Guidelines for Policies on Concussions in Student Athletes*.
5. A concussion policy management team shall refine and review this concussion management policy on an annual basis.

## **B. Protocol for return to learn**

1. A student recovering from a brain injury shall gradually increase cognitive activities progressing through some or all of the following phases. 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 teachers, school counselors, school administrators, psychologists, nurses, clinic aides, or others as determined by local school division concussion policy.

- a. Home: Rest

Phase 1: Cognitive and physical rest may include:

- minimal cognitive 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.

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

- b. School: Part-time

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

- shortened days with built-in 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.

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 breaks;
- modified and/or limited classroom testing, exclusion from standardized testing; and
- reduction of extra time, assistance, and/or modification of assignments as needed.

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.

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; requires no instructional modifications.

2. 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
  - a. difficulty with attention, concentration, organization, long-term and short-term memory, reasoning, planning, and problem solving;
  - b. fatigue, drowsiness, difficulties handling a stimulating school environment (e.g., sensitivity to light and sound);
  - c. inappropriate or impulsive behavior during class, greater irritability, less able to cope with stress, more emotional than usual; and
  - b. physical symptoms (e.g., headache, nausea, dizziness).
3. Progression through gradually increasing cognitive demands should adhere to the following guidelines:
  - a. increase the amount of time in school;
  - b. 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);
  - c. if symptoms do not worsen, demands may continue to be gradually increased;
  - d. if symptoms do worsen, the activity should be discontinued for at least 20 minutes and the student allowed to rest
    - 1) if the symptoms are relieved with rest, the student may reattempt the activity at or below the level that produced symptoms; and
    - 2) 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).
4. 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.

5. A student-athlete shall progress to a stage where he or she no longer requires instructional modifications or other support before being cleared to return to full athletic participation (return-to-play).

The American Academy of Pediatrics (AAP) Return to Learn Following a Concussion Guidelines (October 2013), and the American Medical Society for Sports Medicine (AMSSM) Position Statement (2013), are available online to assist health care providers, student-athletes, and their families, as needed.

### **C. Protocol for return to play**

1. No member of an 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 an 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 attends all classes, maintains full academic load/homework, and requires no instructional modifications;
  - b. the athlete no longer exhibits signs, symptoms or behaviors consistent with a concussion, at rest or with exertion;
  - c. the athlete is asymptomatic during, or following periods of supervised exercise that is gradually intensifying;
  - d. the athlete receives a written medical release from an appropriate licensed health care provider; and
  - e. the athlete's parent/legal guardian has signed a head injury information/awareness sheet.

The Zurich Consensus Statement (November 2012) 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, 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.
3. Regular training on proper helmet fitting and maintenance is recommended for coaches of all sports wearing protective headgear.

### **D. Training required for coaches, athletic trainers, and team physicians**

1. All coaches, athletic trainers, team physicians, and volunteers of MYA sports programs or program entities shall receive current training annually (between July 1<sup>st</sup> and June 30<sup>th</sup> of the following year) on:
  - a. basic principles of first aid;
  - b. how to recognize the signs and symptoms of a concussion;
  - c. strategies to reduce the risk of concussions;
  - d. how to seek proper medical treatment for a person suspected of having a concussion; and

- e. when the athlete may safely return to the event or training.
2. This training shall take place prior to the first day of coaching. Coaches, athletic trainers, and team physicians shall maintain documentation certifying that they have received appropriate training in compliance with MYA policy during the appropriate training year. This documentation shall be submitted to the chair of the appropriate sports program prior to the first day of coaching that sport.
  3. The concussion policy management team shall ensure training is current and consistent with best practice protocols.
  4. MYA sports programs shall maintain documentation of compliance with the annual training requirement.
  5. 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](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](http://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.