



Virginia Board of Education Guidelines for Policies on Concussions in Students

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

**House Bill 410 & Senate Bill 172, the 2014 General Assembly
Code of Virginia § 22.1-271.5**

**House Bill 1096, the 2014 General Assembly
Code of Virginia § 22.1-271.6**

**House Bill 954, the 2016 General Assembly
Code of Virginia §§ 22.1-271.5 and 22.1-271.6**

and

**House Bill 1930, the 2019 General Assembly
Code of Virginia § 22.1-271.5**

VIRGINIA BOARD OF EDUCATION

Virginia Board of Education

Guidelines for Policies on Concussions in Students

Introduction

The purpose of the Virginia Board of Education’s guidelines for policies on concussions in students is to keep students healthy and safe by providing recommendations that support the development and implementation of effective concussion management policies in local school divisions. Through prompt recognition, appropriate response, and a stepwise recovery process managed by a multidisciplinary medical and educational team, a student with a concussion can heal while continuing their education.

Pursuant to Senate Bill 652, (2010), House Bills 410 and 1096, Senate Bill 172 (2014), House Bill 954 (2016), and House Bill 1930, the *Code of Virginia* was amended to include § 22.1-271.5 and § 22.1-271.6 directing the Board of Education to develop, biennially update, and distribute to school divisions guidelines for policies dealing with concussions in students and requiring each school division to develop policies and procedures regarding the identification and handling of suspected concussions in students. The full text of the 2010, 2014, 2016, and 2019 legislation is available at the end of this document.

The goals of the Student-Athlete Protection Act (SB 652, SB 172, HB 410, HB 1096, HB 953 and HB1930) are to ensure that students who sustain concussions are properly diagnosed, given adequate time to heal, and are comprehensively supported until they are symptom free. The cornerstone of effective concussion management is moderating the student’s physical and cognitive activities to levels just below the threshold for the exacerbation of concussion-related symptoms or the emergence of new symptoms.

Concussions can happen at any time with or without contact to the head. After a concussion, the brain needs to heal. 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. When a child is known or suspected to have sustained a concussion, either from a sports injury, motor-vehicle crash, fall, or other cause, the resulting impairments can be multidimensional and may include cognitive, behavioral, and/or physical deficits. Impairments can be mild or severe, temporary or prolonged. Because no two concussions are alike, it is difficult to determine the period of recovery.

A concussion impacts a student from both the-medical and educational perspectives. Implementing a multidisciplinary team approach with appropriate licensed health care providers directing the student’s recovery in collaboration with educational professionals differentiating academic supports is critical to promoting a full recovery. Every concussion is different, and each student will have unique symptoms and recovery times. Facilitating/managing a student’s recovery from a concussive injury includes awareness of current symptoms, the pre-injury status of physical and cognitive function, and the student’s sensitivity to physical and cognitive exertion.

Concussion symptoms may have a significant impact on learning and academic achievement. A concussion may interfere with a student’s ability to focus, concentrate, memorize, and process information. This cognitive impairment may cause frustration, nervousness, anxiety, and/or irritability, and further affect mood or previously existing irritability or anxiety. The “return to learn” academic concussion management plan is divided into graduated phases to promote recovery, considering all factors in this complex injury. Students who have symptoms and return to school without a plan for supporting learning are at risk for delayed recovery and ongoing problems with performance. The return to learn protocol for each student will be individualized as some students may need a few days of rest following their injury with a gradual return to school, while others will be able to continue academic work with minimal academic adjustments.

The “return-to-play” protocols following a concussion are also a stepwise process. Students will progress to the next level when physical exertion does not exacerbate symptoms or cause the re-emergence of previously resolved symptoms. If any post-concussion symptoms reoccur while in the stepwise process, the student-athlete would revert back to the previous level, rest, and try to progress again after a period of rest is completed.

Most students who experience a concussion can recover completely as long as they do not “return-to-learn” or “return-to-play” prematurely. Premature return to learn/play may delay and/or impede recovery. Return-to-play should not occur before the student-athlete has managed to return to full academic activities without academic adjustments.

A large amount of uncertainty exists regarding the cumulative effects of concussions. It is known that following a concussion and throughout the person’s recovery, the brain is vulnerable to further injury. If a student sustains a second concussion during this period, the risk of prolonged symptoms increases significantly, and the consequences of a second concussive impact may be very severe and potentially catastrophic (i.e., “second impact syndrome”).

Definitions

A *concussion* is defined by the 5th International Conference on Concussion in Sports (2016) as a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized in defining the nature of a concussive head injury include:

- A concussion may be caused either by a direct blow to the head, face, neck, or elsewhere on the body with an "impulsive" force transmitted to the head.
- A concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes to hours.
- A concussion may result in neuropathological changes, but the acute signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
- A concussion results in a wide range of signs and symptoms that may or may not involve loss of consciousness. Resolution of the signs and symptoms typically follows a sequential course. However, in some cases symptoms may be prolonged.

- The signs and symptoms cannot be explained by drug, alcohol or medication use, other injuries (e.g., cervical injuries, peripheral vestibular dysfunction), or other comorbidities (e.g., psychological factors or coexisting medical conditions).

Appropriate licensed health care provider means 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.

Cognitive rest describes limiting cognitive activities (e.g., reading, writing, video games, homework) below the level that triggers the onset of symptoms in the days following a concussion.

Return-to-learn protocol describes the individualized progressive stepwise plan for supporting learning while the student recovers from a brain injury (i.e., concussion) that gradually allows the student to participate in classroom activities and learn without worsening symptoms and potentially delaying healing.

Return-to-activity describes the gradual, stepwise reintroduction of physical activities without return of symptoms for students in the school environment and may include walking through the halls, recess, and participation in classes requiring physical activity (e.g., show choir, dance, physical education), but does not include participation in school-sponsored interscholastic athletics.

Return-to-play describes a gradual, stepwise increase in physical demands without return of symptoms for students participating in a sports program.

Non-interscholastic youth sports program describes a program organized for recreational athletic competition or recreational athletic instruction for youth that does not fall within the jurisdiction of the local school division.

Virginia Board of Education Guidelines

A. Policies and Procedures

1. Each school division shall develop and biennially update policies and procedures regarding the identification and comprehensive management of all students suspected and/or diagnosed with a concussion.
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, information on concussions provided by the school division. After reviewing materials describing the short- and long-term health and academic 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 prior to participation.

3. Concussion education programs may include, but are not limited to
 - Common signs and symptoms of a concussion which include somatic (physical), vestibular and/or oculomotor (balance), cognitive (thinking), emotional, and sleep-related symptoms.
 - Early recognition, prompt response, and ongoing management of a student displaying signs and symptoms of a concussion will positively influence recovery.
 - Students who continue to play immediately following a concussion may experience increased symptoms, risk for further injury, prolonged recovery, and acute mental health changes (e.g., depression, anxiety).
 - Short- and long-term physical and cognitive symptoms may negatively impact learning and academic performance.
 - Demanding physical or learning environments may exacerbate symptoms.
 - Second impact syndrome is a rare condition that can occur when a student suffers a second head injury prior to healing from the initial injury and can lead to severe brain damage, neurological problems, and even death.
 - The majority of students and athletes will make a full recovery and return to school and participation in interscholastic activities following a diagnosed concussion.
4. A student-athlete suspected by the 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 defined 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 concussions or brain injuries may be a volunteer.
5. 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. Sideline Concussion Assessment Tool (Sport Concussion Assessment Tool-3 (SCAT3) Tandem-Gait, SCAT-5ChildSCAT5), the Standardized Assessment of Concussion (SAC), and the Modified Balance Error Scoring System (mBESS) 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.
6. The school division's concussion policy team may include a school administrator, teacher, school counselor, school psychologist, school nurse, athletic administrator, appropriate licensed health care provider, coach, parent/guardian, and student and shall refine and review local concussion management policies on an annual basis.

B. Recognition

1. Recognition and appropriate response to concussions when they first occur can prevent further injury.
2. Identifying a concussion begins with recognizing a mechanism of injury (contact to head and/or body), and the associated signs and symptoms that develop in the minutes, hours, or days following an injury.

3. The child’s developmental age may impact their ability to recognize or articulate how they are feeling, or that an injury has occurred.
4. School personnel may need to rely on observable changes in behavior (signs) to identify any ongoing or new symptoms or impairment which may include, but are not limited to
 - a. Changes in play patterns.
 - b. Noticeable undue fatigue.
 - c. Avoiding typically enjoyable activities or toys.
 - d. Increased sensitivity to lights or sounds.
 - e. Increased emotional reactivity.
5. Stakeholders should be aware that students may present with symptoms at school following an injury which may have occurred at home, at another non-school location, and/or during a non-interscholastic youth sports program.

C. Protocol for Return to Learn

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, including (i) difficulty with concentration, organization, and long-term and short-term memory; (ii) sensitivity to bright lights and sounds; and (iii) short-term problems with speech and language, reasoning, planning, and problem solving. Local school boards shall accommodate the gradual return to full participation in academic activities 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. Schools are encouraged to utilize a multidisciplinary team to facilitate the implementation of academic supports and designate a team member (e.g., school counselor, administrator, athletic trainer) to coordinate communication, care, and continued monitoring between appropriate licensed health care providers, parents, and school personnel.

1. A student recovering from a concussion shall gradually increase cognitive activities progressing through *some or all* of the following phases. Students may begin at any phase based on the symptoms they report. 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. Phase guidance for return to learn
 - Phase 1: Cognitive and physical rest may include, but not limited to
 - minimal cognitive activities—limit reading, computer use, texting, television, and/or video games;
 - no homework;
 - no driving; and
 - minimal physical activity.
 - Phase 2: Minimal cognitive and physical activity may include
 - up to 30 minutes of sustained cognitive engagement;

- limit prolonged concentration;
- if the 30-minute period does not exacerbate symptoms, students may increase the amount of time in sustained academic engagement;
- no driving; and
- limited physical activity.

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

- shortened or modified individual classes and/or school 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.

Student will progress to Phase 4 when able to tolerate part-time return without exacerbation of symptoms or re-emergence of previously resolved symptoms.

Phase 4: Moderate cognitive and physical activity with moderate instructional supports 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 Phase 5 when full-time school attendance does not exacerbate symptoms or result in the re-emergence of previously resolved symptoms.

Phase 5: Minimal instructional supports—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 Phase 6 when able to handle sustained cognitive exertion without exacerbation of symptoms or re-emergence of previously resolved symptoms.

Phase 6: Unmodified participation in academic activities—instructional strategies may include, but are not limited to

- maintains full academic load/homework;
- requires no instructional supports; or

- returns to the individualized education program in place prior to the concussion.
2. Progression through the above phases shall be governed by the presence or resolution of symptoms resulting from a concussion experienced by the student that were not present prior to the concussion 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
 - d. physical symptoms (e.g., headache, nausea, dizziness, balance, coordination).
 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;
 - e. if the symptoms are relieved with rest, the student may reattempt the activity at or below the level that produced symptoms; and
 - f. 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 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).

The American Academy of Pediatrics (AAP) After a Concussion When to Return to School (November 2018), and the American Medical Society for Sports Medicine (AMSSM) Position Statement on Concussion in Sport (2019), are available online to assist healthcare providers, students, their families, and school divisions, as needed.

D. Protocol for return to play

1. When in doubt, sit them out.
2. No member of a school athletic team shall participate in any athletic event or practice the same day he/she is injured and:

- a. exhibits signs, symptoms, or behaviors attributable to a concussion; or
 - b. has been diagnosed with a concussion.
3. 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:
- the student attends all classes, maintains full academic load/homework, and requires no instructional modifications with the exception of extra time allotted to complete previously postponed assignments;
 - the student no longer exhibits signs, symptoms, or behaviors consistent with a concussion, at rest or with exertion that were not present prior to the concussion;
 - 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.
- a. Phase Guidance for Return-to-Play
- Phase 1: Symptom-limited activity including, but not limited to
- Daily activities that do not provoke symptoms.
 - The goal is gradual reintroduction of work and/or school activities.
- Phase 2: Light aerobic exercise including, but not limited to
- Walking or stationary cycling at slow-to-medium pace and no resistance training.
 - The goal is to increase heart rate.
- Phase 3: Sport-specific exercise including, but not limited to
- Running or skating drills, but no activities with risk of head impact.
 - The goal is to add movement and positive thinking.
- Phase 4: Noncontact training drills including, but not limited to
- More challenging drills (e.g., passing drills and team plays) and begin progressive resistance training.
 - The goal is to increase exercise intensity, coordination, and sport-specific analytical skills.
- Phase 5: Full-contact practice including, but not limited to
- After medical clearance, participate in full, normal training activities.
 - The goal is to restore confidence and allow coaches to assess functional skills.
- Phase 6: Return to sport including, but not limited to
- Unmodified game play.
 - The goal is full clearance/participation.

The Berlin Concussion in Sport Group Consensus Statement (July 2017) and the American Academy of Pediatrics (AAP) Sports-Related Concussion in Children and Adolescents (December 2018), are available online to assist healthcare providers, student-athletes, their families, and school divisions, as needed.

E. Helmet replacement and reconditioning policies and procedures

1. Helmets must be certified by the manufacturer to meet standards established by the National Operating Committee on Standards for Athletic Equipment (NOCSAE) or other appropriate organization at the time of purchase.
2. Reconditioned helmets must be recertified by a National Athletic Equipment Reconditioners Association (NAERA) member.
3. Regular training on proper helmet fitting and maintenance is recommended for coaches of all sports requiring helmets or protective headgear.

F. Require training for personnel and volunteers

1. The concussion policy management team shall ensure training is current and consistent with best practice protocols. 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 activate the concussion management plan and seek proper medical treatment for a person suspected of having a concussion; and
 - d. how to determine when the student may safely return to the classroom and interscholastic event or training.
2. School divisions shall maintain documentation of compliance with the annual training requirement.
3. Annual training on concussion management shall use a reputable program and/or resources such as, but not limited to, the following:
 - a. The Centers for Disease Control’s (CDC) HEADS UP_tools and resources 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/index.html>
 - b. The National Federation of State High School Associations’ (NFHS) online education courses for coaches, parents, administrators, and officials – *Concussion in Sports* – and *Concussion for Students* course are CDC-endorsed training programs that provide a guide to understanding, recognizing and properly managing concussions in high school sports. They are available at <https://nfhslearn.com/courses?searchText=Concussion>.

Community Involvement

Non-interscholastic youth sports programs utilizing public school property shall establish policies and procedures regarding the identification and handling of suspected concussions in students, consistent with either the local school division’s policies or procedures developed in compliance with this section or the Board of Education’s Guidelines for Policies on Concussions in Students. In addition, local school divisions may provide the guidelines to organizations sponsoring athletic activity for student-athletes on school property. Including the provision of the guidelines in the facility joint use agreements is strongly encouraged. Local school divisions shall not be required to enforce compliance with such policies.

Code of Virginia, as amended by the 2014 General Assembly

§ 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, risks of not reporting the injury and continuing to play, and the effects of concussions on student-athletes' academic performance.

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. Each non-interscholastic youth sports program utilizing public school property shall either (i) 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 developed in compliance with this section or the Board's Guidelines for Policies on Concussions in Student-Athletes, or (ii) follow the local school division's policies and procedures as set forth in subsection B. 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.

D. As used in this section, "non-interscholastic youth sports program" means a program organized for recreational athletic competition or recreational athletic instruction for youth.

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.

2010, c. 483; 2014, cc. 746, 760.

§ 22.1-271.6. SCHOOL DIVISION POLICIES AND PROCEDURES ON CONCUSSIONS IN STUDENT-ATHLETES.

The Board of Education shall amend its guidelines for school division policies and procedures on concussions in student-athletes to include a "Return to Learn Protocol" with the following requirements:

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

2. School personnel shall accommodate the gradual return to full participation in academic activities by a student-athlete who has suffered a concussion or other head injury as appropriate, based on the recommendation of the student-athlete's licensed health care provider as to the appropriate amount of time that such student-athlete needs to be away from the classroom.

2014, c. 349.

Code of Virginia, as amended by the 2016 General Assembly

Be it enacted by the General Assembly of Virginia:

1. That §§ 22.1-271.5 and 22.1-271.6 of the *Code of Virginia* are amended and reenacted as follows:

§ 22.1-271.5. Guidelines and policies and procedures 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, risks of not reporting the injury and continuing to play, and the effects of concussions on student-athletes' academic performance.

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. ~~It~~ *Require that 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~~ *Require 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~~ *to* 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; *and*

3. *Include a "Return to Learn Protocol" with the following requirements:*

a. 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, including (i) difficulty with concentration, organization, and long-term and short-term memory; (ii) sensitivity to bright lights and sounds; and (iii) short-term problems with speech and language, reasoning, planning, and problem solving; and

b. School personnel shall accommodate the gradual return to full participation in academic activities of 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.

C. Each non-interscholastic youth sports program utilizing public school property shall either (i) 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 developed in compliance with this section or the Board's Guidelines for Policies on Concussions in Student-Athletes, or (ii) follow the local school division's policies and procedures as set forth in subsection B. 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.

D. As used in this section, "non-interscholastic youth sports program" means a program organized for recreational athletic competition or recreational athletic instruction for youth.

§ 22.1-271.6. School division policies and procedures on concussions in students.

The Board of Education shall amend its guidelines for school division policies and procedures on concussions in student-athletes to include a "Return to Learn Protocol" with the following requirements:

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

2. School personnel shall accommodate the gradual return to full participation in academic activities ~~by of a student-athlete~~ *by of a student-athlete student* who has suffered a concussion or other head injury as appropriate, based on the recommendation of the ~~student-athlete's~~ *student's* licensed health care

provider as to the appropriate amount of time that such ~~student-athlete~~ *student* needs to be away from the classroom.

Code of Virginia, as amended by the 2019 General Assembly

An Act to amend and reenact § 22.1-271.5 of the Code of Virginia, relating to concussions in student-athletes; guidelines, policies, and procedures.

Be it enacted by the General Assembly of Virginia:

1. That § 22.1-271.5 of the *Code of Virginia* is amended and reenacted as follows:

§ 22.1-271.5. Guidelines and policies and procedures on concussions in student-athletes.

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

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

1. Require that 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;

2. Require 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 to 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; and

3. Include a "Return to Learn Protocol" with the following requirements:

a. 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, including (i) difficulty with concentration, organization, and long-term and short-term memory; (ii) sensitivity to bright lights and sounds; and (iii) short-term problems with speech and language, reasoning, planning, and problem solving; and

b. School personnel shall accommodate the gradual return to full participation in academic activities of 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.

C. Each non-interscholastic youth sports program utilizing public school property shall either (i) 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 developed in compliance with this section or the Board's Guidelines for Policies on Concussions in Student-Athletes, or (ii) follow the local school division's policies and procedures as set forth in subsection B. 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.

D. As used in this section, "non-interscholastic youth sports program" means a program organized for recreational athletic competition or recreational athletic instruction for youth.

2. That the Board of Education shall collaborate with the Virginia High School League, the Virginia Department of Health, the Virginia Athletic Trainers' Association, the Virginia Physical Therapy Association, representatives of the Children's Hospital of the King's Daughters and the Children's National Health System, the Brain Injury Association of Virginia, the American Academy of Pediatrics, the Virginia College of Emergency Physicians, the Virginia Academy of Family Physicians, the Virginia Association of School Nurses, a representative from a non-interscholastic youth sports program, and any other interested stakeholders that it deems appropriate to biennially update its guidelines on policies to inform and educate coaches, student-athletes, and student-athletes' parents or guardians of the nature and risk of concussions, criteria for removal from and return to play, risks of not reporting the injury and continuing to play, and the effects of concussions on student-athletes' academic performance pursuant to subsection A of § 22.1-271.5 of the *Code of Virginia*, as amended by this act.

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. Centers for Disease Control and Prevention, <http://www.cdc.gov/>
5. Children's Hospital of Richmond at Virginia Commonwealth University, <https://www.chrichmond.org>
6. Children's Hospital of the King's Daughters, <http://www.chkd.org>
7. Children's National Medical Center, <http://www.childrensnational.org>
8. Consensus Statement on Concussion in Sport (5th International Conference on Concussion in Sport, Berlin October 2016), <https://pubmed.ncbi.nlm.nih.gov/28446457/>
9. National Academy of Neuropsychology, <http://www.nanonline.org>
10. National Federation of State High School Associations, <https://www.nfhs.org/>
11. Virginia Athletic Trainers' Association, <http://www.vata.us>
12. Virginia College of Emergency Physicians, <https://www.acep.org>
13. Virginia Concussion Initiative, <https://concussion.gmu.edu/>
14. Virginia Department of Health, <https://www.vdh.virginia.gov/>
15. Virginia High School League, <http://www.vhsl.org>
16. Virginia Recreation and Park Society <https://www.vrps.com>

B. Concussion assessment tools

1. Sport Concussion Assessment Tool 3 (SCAT3) Tandem-Gait Test in High School Athletes, <https://pubmed.ncbi.nlm.nih.gov/29172647/>
2. Sports Concussion Assessment Tool (Child SCAT 5), Concussion in Sport Group,

<https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097492childscat5.full.pdf>

3. Sports Concussion Assessment Tool (SCAT 5), Concussion in Sport Group, <https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>
4. Standardized Mental Status Testing on the Sideline After Sport-Related Concussion, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC155418/>

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>
2. “Importance of ‘Return-to-Learn’ in Pediatric and Adolescent Concussion,” Master, Gioia et.al.; *Pediatric Annals*, September 2012.
3. “Returning to Learning Following a Concussion,” Halstead, McAvoy, et.al.; *Pediatrics*, November 2013.
4. Virginia Concussion Initiative, <https://concussion.gmu.edu/>
5. BrainSTEPS, <https://www.brainsteps.net/>
6. Virginia Department of Education: Traumatic Brain Injury, http://doe.virginia.gov/special_ed/disabilities/traumatic_brain_injury/index.shtml

D. References

1. McCrory P, Meeuwisse W, Dvorak J, et al. Consensus statement on concussion in sport- the 5th international conference on concussion in sport held in Berlin, October 2016. *Br J Sports Med.* 2017;0: 1-10
2. Harmon KG, Clugston JR, Dec K, et al. American medical society for sports medicine position statement on concussion in sport. *Br J Sports Med.* 2019; 53: 213-225
3. Halstead ME, Walter KD, Moffat K. Sport-related concussion in children and adolescents. *Pediatrics.* 2018; 142(6):1-24