

**ISLE OF WIGHT ACADEMY Concussion Management Information**

Isle of Wight Academy desires the safe return to activity for all student-athletes participating in extracurricular physical activities following an injury, but particularly after a concussion. A concussion is a type of 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.

The goal of this policy is to ensure (i) that all coaches, school staff, volunteers, student-­‐athletes, and their parents/guardians must be made aware of the short-­‐term and long-­‐term effects of concussions; (ii) that concussed students must be 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.

## Participation in Athletic Activity

In order to participate in any extracurricular athletic activity, each student-­‐athlete and the parent/guardian shall review, on an annual basis (every 12 months), information on concussions provided by Isle of Wight Academy. The concussion training materials shall describe the short-­‐ and long-­‐term health effects of concussions. After having reviewed materials, the student-­‐athlete and parent/guardian shall sign a statement acknowledging receipt, review, and understanding of such information. The signed statements acknowledging the receipt of concussion training materials will be maintained at the school, 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.

*See Resources at bottom of document for Parent/Athlete Concussion Information Sheet.*

## Suspected Head Concussions – Removal from Physical Activities

1. A student-­‐athlete suspected by that student’s coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice, training, or game, 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 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) presents a written medical release to return to play from such licensed health care provider. Pursuant to Virginia Board of Education Guidelines, an appropriate licensed health care provider is a physician, physician assistant, osteopath, or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or nurse practitioner licensed by the Virginia State Board of Nursing. The licensed health care provider evaluating student-­‐athletes suspected of having a concussion or brain injury may be a volunteer.
2. Appropriate licensed health care providers or properly trained individuals evaluating student-­‐athletes at the time of injury will utilize the “Sideline Concussion Assessment Tool (SCAT II).” The athletes will complete a SCAT II assessment until cleared by a licensed health care provider.
3. 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 by a licensed health care provider 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/guardian of the student-­‐athlete. 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.

## Protocol for Return to Play

“Return to play,” as defined in Virginia Board of Education Guidelines, means to participate in a non-­‐medically supervised practice or athletic competition.



* 1. No student-­‐athlete shall participate in any athletic event, training, or practice the same day he or she is injured, and
		1. exhibits signs, symptoms, or behaviors attributable to a concussion; or
		2. has been diagnosed with a concussion.
	2. No student-­‐athlete 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:
		1. the student no longer exhibits signs, symptoms, or behaviors consistent with a concussion, at rest or with exertion, as per the return to play steps on the SCAT II.
		2. the student is asymptomatic during, or following, periods of supervised exercise that is gradually intensifying; and
		3. the student presents a written medical release from a licensed health care 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-­‐athlete has successfully completed a progressive return to sports participation program.

The length of progressive return to sports participation program shall be determined by the student-­‐athlete’s licensed health care provider, but shall last a minimum of five calendar days.

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.

## Required Concussion Training for School Personnel

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 annual training in how to recognize the signs and symptoms of concussions, strategies to reduce the risk of concussions, how to seek proper medical treatment for a person suspected of having a concussion, and the process by which a concussed student-­‐athlete may safely return to practice, training, or competition. Each school shall maintain a written record of the names and dates of completion for all persons completing the school’s concussion training.

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. Annual training on concussion management shall use the National Federation of High School Associations’ online course, “Concussion in Sports

– What You Need to Know.”

*See Resources at bottom of document.*

## Helmet Replacement and Reconditioning

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. All helmets are reconditioned every year and any helmets no longer usable are destroyed.

## Baseline Testing

All student athletes will perform baseline neuropsychological testing using Concussion Vital Signs. Based on neuroscientific research, Concussion Vital Signs contains seven highly respected, standardized neuropsychological tests. This reliable system, normed on individuals' ages 8-­‐90 years old, provides valuable clinical endpoints (brain function or cognition, concussion symptoms, concussion history, and sideline assessment) that add insight into an athlete's brain health status.



Concussion Vital Signs provides easy-­‐to-­‐understand information on key cognitive measures, such as memory, reaction time, and executive function, to help clinicians' rapidly evaluate and determine an athlete's readiness to return to play.

## Concussion Management Team

A concussion policy team that includes a school administrator, athletic administrator, appropriate licensed health care provider, coach, parent, and student shall review concussion management policies and regulations annually.

## Resources:

Concussion Vital Signs [www.concussionvitalsigns.com/](http://www.concussionvitalsigns.com/)

Virginia Independent Schools Athletic Association Concussion Awareness and Management [http://www.visaa.org/sports-­‐](http://www.visaa.org/sports-)medicine/concussion-­‐awareness-­‐and-­‐management/

SCAT2 Assessment Tool <http://www.sportconcussions.com/html/SCAT2.pdf>

Virginia Board of Education Guidelines for Policies on Concussions in Student Athletes <http://www.doe.virginia.gov/boe/guidance/health/concussions_in_student_athletes.pdf>

Isle of Wight Academy Return to Play Form <http://www.IWAcademy.com/editoruploads/files/IWAConcussionReturntoPlayForm.pdf>

Parent/Athlete Concussion Information Sheet [http://www.cdc.gov/concussion/headsup/pdf/Parent\_Athlete\_Info\_Sheet-­‐](http://www.cdc.gov/concussion/headsup/pdf/Parent_Athlete_Info_Sheet-)a.pdf

NFHS Concussion in Sports -­‐ What you need to know <http://nfhslearn.com/courses>

# **Student/Parent Acknowledgement of Receipt/Review/ Understanding of Isle of Wight Academy Concussion Protocol**

**Sport:**

**Parent Name:**

**Signature and Date:**

**Student Athlete:**

**Signature/Date:**