ST. ANNE'S–BELFIELD SCHOOL
CONCUSSION POLICY

DEFINITIONS

Concussion: A physiological process affecting the brain, caused by direct or indirect traumatic forces to the head. Brain injury is related to metabolic dysfunction, rather than structural injury, and is typically associated with normal neuroimaging findings (i.e., CT scan, MRI).

Second Impact Syndrome: A condition in which a second concussion occurs before a first concussion has properly healed, causing rapid and severe brain swelling and often catastrophic results. Second impact syndrome can result from even a very mild concussion that occurs days or weeks after the initial concussion. This injury is seen more often in adolescent athletes perhaps due to lack of reporting the initial injury, but also perhaps due to neurodevelopmental vulnerability.

Appropriate Licensed Health Care Provider: A physician, physician assistant, osteopath, or certified 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. **All of these health care professionals should have specific training in concussion management**. If in doubt, contact the University of Virginia Concussion Team at 434-982-3637.

Most students who experience a concussion can recover completely as long as they do not return to play/activities 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 a student sustains a second concussion during this period, the risk of complications and/or permanent brain injury increases significantly. The consequences of a seemingly mild second concussion can be very severe, and even result in death (i.e., Second Impact Syndrome). In an effort to ensure the proper diagnosis and care for concussions among students, St. Anne's–Belfield School (STAB) has developed the following comprehensive regulations and procedures.

EDUCATION

Any brain/head trauma should be considered a serious injury. Concussions are difficult to see with the untrained eye. Therefore, it is necessary that coaches, athletic trainers, parents, faculty, students, and administrators are educated about the injury and become familiar with the common signs and symptoms associated with a concussion.

1. **Coaches and Athletic Trainers**
   All coaches and athletic trainers will be required to complete the online training for concussions. This training will be required on an annual basis with the training to be completed within the first week of the academic school year. Information including signs and symptoms associated with concussions, effects of a concussion on the student, STAB concussion management protocol and return to activity guidelines will be included in the coaches' handbook.

2. **Administrators and Faculty**
   All administrators and faculty will receive annually, information including signs and symptoms associated with concussions, effects of a concussion on the student, cognitive (Appendix IV) and athletic performance, and STAB concussion management protocol. This information will be included in the faculty handbook.

3. **Parent/Guardian and Student-Athlete**
   In order to participate in any athletic activity, the student and their parent/guardian must attend the Concussion Education Parent Meeting that will be held at the beginning of each season and annually view an informational video about concussions. During this same meeting, each parent/guardian will receive written information including signs and symptoms associated with concussions, effects of a concussion on the student-athlete, outline of STAB concussion management protocol and return to play guidelines. (See Appendix I) The parent/guardian will acknowledge receipt, review and understanding of this information with a signature that should be returned to the athletic trainer prior to participation.

COMPUTERIZED NEUROCOGNITIVE EXAM

It has been known for some time that the neurocognitive effects of a concussion last much longer than the subjectively reported symptoms. Computerized neurocognitive tests allow a more accurate determination of how the brain is healing than relying solely on reported symptoms. This testing is typically administered on the student-athlete when he/she reports being symptom free after a suspected concussion to assess for lingering, and/or subtle cognitive deficits, although it may be given prior to that time to track recovery.

- Athletes participating in ANY sport and all boarding students MUST have a valid baseline test prior to beginning any STAB activity. Baseline testing includes: neurocognitive test (ImPACT) and balance (BESS) involving students in grades 7 - 12 in the contact and collision sports. These sports include: football, volleyball, field hockey, basketball, lacrosse, soccer, softball and baseball.
- In the off season, the students in grades 7 - 12 will take a 25 minute baseline neurocognitive test on an internet connected computer. The test measures reaction time, memory, and other neurocognitive functions.
- If the student-athlete sustains a concussion or suspected concussion at a later date, the student-athlete takes a post-trauma test, and the results of that test are statistically compared with the athlete's own baseline. Results of the comparison will be shared with the parents, coaches, student, and advisor.

MANAGEMENT OF A CONCUSSION

Each person reacts differently to a brain injury, therefore each student and each concussion should be treated with individual care. The following situations indicate a medical emergency and require activation of the Emergency Medical System:

- Any student who has symptoms of a concussion, and who is not stable (condition is worsening)
- Any student who exhibits any of the following signs or symptoms: deterioration of neurological function; decreasing level of consciousness; decrease or irregularity in respirations; unequal, dilated, or unreactive pupils; cranial nerve deficits, such as dilated or unequal pupils, loss of consciousness, vomiting, slurred speech or any seizure activity; any signs or symptoms of a spine injury, skull fracture, bleeding of the brain; deterioration of mental status with lethargy, difficulty staying awake, confusion or agitation; any seizure activity

If, in the opinion of the athletic trainer, nurse, coach and/or faculty member, a student has a concussion but does not present with the above signs or symptoms, it is required that the parent/guardian obtain a second opinion from another authorized health care provider with some specialty in concussion diagnosis and treatment at their earliest convenience.

In the event that the student is seen by a health care provider that does not have specialty training in concussion management and the nurse, coach, athletic trainer, or faculty member is not satisfied with the guidelines provided, it may be required that the student obtain a third opinion from a health care provider with specialty training in concussion diagnosis and management (i.e., neurologist or neuropsychologist).

A written, individualized care plan generated by the treating physician, nurse, or athletic trainer must be turned in to the appropriate Division Head and/or Advisor for the student returning to school.

GUIDELINES FOR COACHES AND OTHER RELATED SCHOOL PERSONNEL

If the nurse or athletic trainer is not available, the coach or other present faculty member is responsible for recognizing and providing appropriate care for a suspected concussion. Any student suspected of sustaining a concussion while under the supervision of a STAB coach or faculty member should be removed from activity and shall not return to play that day nor until,

1. Evaluated by an appropriate licensed health care provider.
2. Written clearance has been received from such licensed health care provider.

Appropriate guidelines for referral should be followed (see Management of a Concussion).

If the student requires immediate referral, EMS should be activated, parent/guardian should be contacted, and the designated coach/faculty member should accompany the student to the hospital.

If immediate referral is not suggested, the coach/faculty member is responsible for notifying the parent/guardian of the injury.

The parent/guardian should provide transportation home, either themselves or by another responsible adult. The student may not drive himself/herself.

If the parent/guardian cannot be reached, the coach/faculty member should insure that the student-athlete will be in the care of a responsible adult, who is capable of monitoring the student. Efforts to reach the parents/guardian should continue until contact is made.

If the injury occurs at an away school-sponsored event, the coach/faculty member is encouraged to seek the assistance of the host athletic trainer or the health care system.

In the absence of an athletic trainer at a sporting event, the coach will have access to the pocket Sport Concussion Assessment Tool (SCAT5) (see Appendix III) for sideline evaluation of a suspected concussion. The coach should notify and report all signs and symptoms of the injury, as well as all knowledge of the mechanism of injury to the STAB athletic trainer and/or the health care professional.

The faculty member or coach should notify any other faculty members involved in the outcome of the student of the suspected concussion.

GUIDELINE FOR THE ATHLETIC TRAINER (AT)

The AT should assess the injury and follow appropriate guidelines for referral.

If no immediate referral is indicated, the AT should perform serial assessments using the SCAT 5 (see Appendix III).

The AT will notify the student-athlete's parent/guardian and provide at home care instructions.

The parent/guardian should provide transportation home, either themselves or by another responsible adult.

Student-athletes with a suspected concussion should not be allowed to drive themselves home.

If the parent/guardian cannot be reached, the AT should insure that the student-athlete will be in the care of a responsible adult, who is capable of monitoring the student-athlete and understanding home instructions.

Efforts to reach the parent/guardian should continue until contact is made.

The AT should notify the appropriate coach, nurse, and appropriate faculty member(s) of the suspected concussion.

Appropriate documentation regarding assessment, management and progression of the injury will be maintained by the AT.

Upon receipt of appropriate written medical release the AT will determine when the student-athlete may return to full physical activity based on successful completion of the step-wise progression back to participation program (see Return to Play).

RETURN TO PLAY FOR THE STUDENT-ATHLETE

Following a suspected concussion, the student-athlete will follow the stepwise progression back to participation, listed below.

Progression to the next stage should begin with successful completion of the previous stage.

Each stage should take 24 hours to complete.

If a new stage provokes symptoms, the student-athlete should return to the previous stage for at least 24 hours.

Student-athletes must be off any medications that are specifically being used to treat acute symptoms to be considered symptom free.

At a minimum the student-athlete will not return to full participation for seven (7) days.

1. No activity. Complete physical rest until asymptomatic.
2. Low levels of physical exertion as tolerated (symptoms do not get worse or return during or after activity). This can include walking, light jogging, or light stationary bike.
3. Moderate levels of physical exertion as tolerated. This involves increasing the intensity of aforementioned aerobic activities.
4. Noncontact sport specific drills including full-court drills in basketball, or passing drills in football. May also begin progressive weight training.
5. Full contact practice.
6. Normal game play.

RETURN TO ACADEMICS

The need for students with a suspected concussion to have physical rest has been well known for years. However, in the past several years it has become more evident that cognitive rest is also important. Just as physical exertion can exacerbate and prolong symptoms of a concussion, cognitive exercise can have the same effect.

Following a concussion, students may have difficulty in school, which could last from days to months.

The AT/nurse will notify appropriate faculty members of all known concussions that affect a student-athlete. With this notification, it is expected that the teachers will provide appropriate accommodations for the student-athlete according to Appendix IV.

Because concussion symptoms usually worsen with the increased cognitive strain of school, returning to school is not recommended until the symptoms are mild or absent at rest.

Return to school should be done as a progression of gradually increasing periods of time. When necessary, accommodations should be made to assist the student in completing homework, tests, and/or projects (see Appendix IV). The treating physician in consultation with the Nurse, AT and Division Head will determine when the student can resume full academic workload.

The student may require rest periods if the symptoms become worse throughout the day.

Avoidance of areas or times of extreme noise or overstimulation should be encouraged, including noisy hallways or cafeterias as well as group socializing.

Because the concussed individual appears normal, it is important that all school faculty understand the effects of a concussion as well as the management concerns. Typically teachers are the first to notice behavioral changes, therefore are a vital part of the progression back to normal daily activity. (see Appendix IV)

If any of the indications are evident, the teacher should notify the AT (if appropriate), parent/guardian and appropriate faculty members.

ATTACHMENTS

Appendix I: Concussion Information for Parent/Guardian
Appendix II: Home Care Instructions for Concussion
Appendix III: Sport Concussion Assessment Tool 5
Appendix IV: Academic Accommodations and Classroom Behavioral Changes
Appendix V: Concussion Information for the Student

RESOURCES

LEGAL REFERENCE

Code of Virginia, 1950, as mended Section 22.1-271.5

Updated: 11/16/2020
Adopted by Board of Trustees: June 11, 2012