

# REGULATION

## ANNE ARUNDEL COUNTY PUBLIC SCHOOLS

Related Entries: Policy 909.03

Responsible Office: OFFICE OF SCHOOL PERFORMANCE

### SUSPECTED HEAD INJURIES AND CONCUSSIONS

#### A. PURPOSE

To establish procedures for school staff to identify and manage a student with a suspected head injury and/or concussion, in compliance with applicable laws and regulations.

#### B. BACKGROUND

The Education Article, *Annotated Code of Maryland*, requires a program of concussion awareness and prevention throughout the state of Maryland for student-athletes, their parents or guardians, and their coaches. The Code of Maryland Regulations (COMAR) requires subscribed training in concussion risk and management for coaches and Physical Education teachers. Anne Arundel County Public Schools (AACPS) aims to provide comprehensive procedures for education, prevention, recognition, and management of any student suspected of having a head injury and/or concussion.

#### C. DEFINITIONS

1. **Concussion** - a type of traumatic brain injury (TBI) causing an immediate change in mental status or an alteration in mental consciousness resulting from a bump, blow, jolt, shaking or spinning of the head or body.
2. **Student-athlete** - a student participating in any try-out, practice, or contest of a school team.
3. **Return to Play (RTP)** - a gradual and progressive participation in a supervised practice or activity after a head injury that ensures a student is ready to go back to participating in sports or activities at a pre-injury level.
4. **Licensed Health Care Provider (LHCP)** -
  - a. a licensed physician trained in the evaluation and management of concussions;
  - b. a licensed physician's assistant trained in the evaluation and management of concussions in collaboration with the physician assistant's supervising

- c. physician or alternate supervising physician within the scope of the physician assistant's Delegation Agreement approved by the Board of Physicians;
- c. a licensed nurse practitioner trained in the evaluation and management of concussions;
- d. a licensed psychologist with training in neuropsychology and in the evaluation and management of concussions; or
- e. a certified athletic trainer (ATC) for the limited purpose of returning a student-athlete to play not for diagnosis.

## D. PROCEDURES

### 1. Training

- a. All coaches, including volunteer coaches, shall complete a training course every two years, attested to by a certificate of completion, as a condition of coaching employment. At a minimum, the coach's training shall include:
  - i) the nature of the risk of a brain injury;
  - ii) the risk of not reporting a brain injury;
  - iii) criteria for removal and return to play;
  - iv) understanding concussions;
  - v) recognizing concussions;
  - vi) signs and symptoms; and
  - vii) response and action plan.
- b. Physical education teachers shall complete a concussion education training course every two years, and they shall provide a certificate of completion for such training.

### 2. Management

- a. When a student receives a suspected head injury during the school day the following steps shall be taken.
  - i) School health staff shall assess the student to determine the nature of the injury and/or alteration in neurological status. The school health staff shall follow school health's standard of care for the assessment and treatment of head injuries and concussions as outlined in the First Aid Manual and updated regularly by the Anne Arundel County Department of Health.
  - ii) The parents are notified of a suspected head injury or concussion by phone and they are given the *Advice of Head Injury* form per school health's policy.
  - iii) The school health staff shall recommend the student be seen by his/her LHCP.

- iv) If the student receives restrictions or accommodations from a LHCP as a result of a suspected head injury or concussion he/she shall provide that information to the school health staff prior to return to class.
- v) Upon receipt, the school health staff shall forward this information to the school counselor, physical education teachers, and Athletic Director (AD) in the event the student is an athlete at a high school.
- vi) If school health staff is unavailable, the designated school personnel shall be contacted to observe the student for any complaints or symptoms of a head injury. Signs and symptoms of a head injury may include:
  - (1) Any loss of consciousness
  - (2) Convulsion/seizures
  - (3) Slurred speech
  - (4) Dazed or stunned appearance
  - (5) Slow responses or repeated questioning
  - (6) Increased confusion, agitation, restlessness
  - (7) Behavior/personality changes
  - (8) Neck pain
  - (9) Drowsy/sleepy
  - (10) Laceration or bruise to head
  - (11) Pain or swelling at the site of the injury
  - (12) Headaches that worsen
  - (13) Nausea/vomiting
  - (14) Deformity of skull
  - (15) Weakness, numbness, tingling in arms/legs
- vii) In the absence of school health staff, if designated school personnel observe any signs and symptoms of a head injury, they shall contact the school health staff, or emergency 911. If the designated school personnel is not trained in head injury and concussion awareness the student shall not be moved until after he/she has been assessed by trained medical staff. The student shall not be left unattended.
- viii) If a suspected head injury occurs on a field trip, away from AACPS facilities, the student shall not be left unattended, and the student shall not be moved until medical services are sought at the location in which the suspected head injury occurred and/or calling the school health staff and/or calling emergency 911.
- ix) Designated school personnel shall notify the student's parent/guardian of any suspected head injury.
- x) The school shall follow accommodations and restrictions scripted by a LHCP and approved for implementation by a collaborative team at the school including, but not limited to, the principal, or his/her designee, school health staff, and school services personnel.

b. Additional Requirements for Student-Athletes

- i) All student-athletes and their parent(s)/guardian(s) shall receive a *Concussion Awareness* form every school year. At least one parent/guardian shall verify in writing that they have received this information on concussions and sign a statement acknowledging receipt of the information.
- ii) Parents shall be required to fill out a *Pre-Participation Head Injury* form every athletic season.

c. For Student-Athletes During the School Day

When a student-athlete receives a suspected head injury during the school day the school health staff shall inform the AD so that he/she shall be removed from try-outs, practice, or competition.

- i) The school health staff treats the student-athlete per their standard of care.
- ii) The AD, ATC, and the parent(s)/guardian(s) of the student-athlete are notified of the student-athlete's suspected head injury.
- iii) The parent(s)/guardian(s) is contacted and given the *Notification to Parent/Guardian of Suspected Head Injury* and *Medical Clearance for Suspected Head Injury* forms.
- iv) The student-athlete shall be evaluated by a LHCP for concussion diagnosis.
- v) The *Medical Clearance for Suspected Head Injury* form shall be complete by an LHCP.
- vi) The student-athlete shall return the *Medical Clearance for Suspected Head Injury* form to the school health staff, ATC, and AD. Once cleared by the LHCP to begin a supervised RTP progression, the ATC shall track and monitor the student through each step.
- vii) Students whose symptoms return during the RTP progression shall be directed to stop the activity and rest until symptom free. The student shall resume activity at the previous stage of the protocol that was completed without symptoms.
- viii) Students with persistent symptoms shall be referred to their healthcare provider for evaluation.
- ix) If the LHCP clears the student-athlete for immediate return to normal activity then the school's ATC shall evaluate the student-athlete before resuming normal activity.
- x) If the ATC observes no symptoms the student-athlete is cleared to return to normal activity. The ATC shall inform the coach, AD, and the student-athlete that he/she can return to normal activity
- xi) If the ATC observes signs and symptoms, the student-athlete is not cleared and the ATC shall notify the coach, parent, and student-athlete concerning signs and symptoms observed.

- xii) The student-athlete shall be re-evaluated by a LHCP and ATC before returning to normal activity.

d. For Student-Athletes After the School Day

When the Coach or ATC suspects a head injury of a student-athlete after the school day he/she shall remove the student-athlete from try-outs, practice, or competition.

- i) When an ATC/Emergency Medical Technician (EMT) is assigned, he/she makes the determination and initiates emergency care for all home athletic practices and contests.
- ii) In the absence of an assigned ATC, EMT or medical professional, the coach makes the determination of whether a concussion is suspected.
- iii) When present, the Supervising Physician shall take priority in handling on-the-field emergency situations. Otherwise, the ATC shall take priority in the initiation care and notification of additional parties.

When the ATC or coach suspects a concussion or head injury the following steps shall be taken.

- i) The parent/guardian shall be contacted verbally and in writing with the notification and medical clearance forms.
- ii) The AD shall be notified regarding the student-athlete's suspected head injury.
- iii) The Coordinator of Athletics and the school health staff shall be notified regarding the student-athlete's suspected head injury.
- iv) The school health staff shall be notified prior to return to any class.
- v) The student-athlete shall be evaluated by a LHCP for concussion diagnosis.
  - (1) The *Medical Clearance for Suspected Head Injury* form shall be taken to LHCP.
  - (2) An injured student-athlete shall not return to practice or play until cleared by an LHCP and the ATC.
- vi) The student-athlete shall return the *Medical Clearance for Suspected Head Injury* form that has been completed by the LHCP to the school health staff, ATC, and AD.
- vii) Once cleared by the LHCP to begin a supervised RTP progression, the ATC and/or coach shall track and monitor the student throughout each step.
- viii) Students whose symptoms return during the RTP progression shall be directed to stop the activity and rest until symptom free. Students shall resume activity at the previous step of the protocol that was completed without symptoms.

- ix) Students with persistent symptoms shall be referred to their healthcare provider for evaluation.
  - (1) If the LHCP clears the student-athlete for immediate RTP then the ATC, in consultation with their supervising physician, shall evaluate the student-athlete before resuming normal athletic activity.
    - (a) If the ATC observes no symptoms, the student-athlete is cleared, and the ATC shall inform the coach, AD, and the student-athlete that he/she can return to normal activity
    - (b) If the ATC observes signs and symptoms, the student-athlete is not cleared and the ATC shall notify the coach, parent, and student-athlete concerning signs and symptoms.
    - (c) The student-athlete shall be re-evaluated by a LHCP and ATC before returning to play.
  
- e. When a student receives a suspected head injury during a non-athletic extracurricular or cocurricular activity or event after the school day the following steps shall be taken.
  - i) Designated school personnel shall observe the student for any complaints or symptoms of a head injury.
  - ii) Signs and symptoms of a head injury may include:
    - (1) Any loss of consciousness
    - (2) Convulsion/seizures
    - (3) Slurred speech
    - (4) Dazed or stunned appearance
    - (5) Slow responses or repeated questioning
    - (6) Increasing confusion, agitation, restlessness
    - (7) Shows behavior/personality changes
    - (8) Neck pain
    - (9) Drowsy/sleepy
    - (10) Laceration or bruise to head
    - (11) Pain or swelling at the site of the injury
    - (12) Headaches that worsen
    - (13) Nausea/vomiting
    - (14) Deformity of skull
    - (15) Weakness, numbness, tingling in arms/legs
  - iii) If designated school personnel observe any signs and symptoms of a head injury, they shall contact emergency 911. If the designated school personnel is not trained in head injury and concussion

awareness the student shall not be moved until after he/she has been assessed by trained medical staff. The student shall not be left unattended.

3. Appropriate academic accommodations and restrictions shall be available to all students during the recovery phase from a concussion regardless of where and when the concussion occurred. Such accommodations and restrictions shall be based on recommendations from a LHCP and shall be approved for implementation by a collaborative team including but not limited to the Principal, or his/her designee, school health staff, and school student services personnel.
4. Further implementing guidelines shall be published annually by the Office of Athletics as “Suspected Head Injury Guidelines for Athletics” and posted on the AACPS website.

*Regulation History:*            *Developed by Superintendent 10/16/13*  
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*Note previous regulation history: None*