



Virginia Commission on Youth 2015 Legislative Studies and Initiatives

STUDENT-ATHLETE CONCUSSIONS

Findings	Recommendations and Public Comments
<p>Round Table Findings – Public Awareness/Communication</p> <ul style="list-style-type: none"> • There is a need to provide more education to parents regarding concussions. There is also a need for better communication with low-income families. • There is a need to involve the community and reach out to different groups on concussion awareness. • There is also a need for better communication from the families to the schools. • There is a need for improved communication between the medical community and schools. The Prince William model serves as a good example on how this communication could work. • Concussion education should be included as part of the wellness message in the health curriculum at all levels of school. • Current education on concussion training may be redundant. Resources may need to be expanded. In addition, there is a need for active education to engage all stakeholders on how to respond to concussions. • The Virginia Department of Health could provide targeted and culturally responsive public service messages on concussion awareness around the state through the media, including concussion literature, posters, etc. • Request the Virginia Department of Health to provide regional information session on concussion guidelines and concussion awareness. • Technology/smart phone applications should be encouraged for concussion awareness/identification. 	<p><u>Recommendation 1</u> Request the Virginia Department of Health (VDH) and the Virginia Department of Education (VDOE) to assess the feasibility of conducting regional information training sessions on updated concussion guidelines and concussion awareness. VDH previously conducted these trainings after the adoption of the 2011 <i>Guidelines for Policies on Concussions in Student-Athletes</i>.</p> <p>The Departments are encouraged to use materials from the U.S. Centers for Disease Control and Prevention (CDC) <u>and other nationally recognized resources</u> as a guideline for presenting information to communities. Information presented should focus on identification of concussions, the use of smart phone applications, short-term and long-term health effects of concussions, and safety precautions.</p> <p><u>PUBLIC COMMENTS</u> Katherine Dec, M.D., Professor, Department of Physical Medicine and Rehabilitation, Professor, Department of Orthopaedic Surgery, Virginia Commonwealth University, and Virginia Commonwealth University Sports Medicine Clinic said “I think the feasibility of how to outreach needs to be reinforced local so the local resource is accessible to the member schools.” She added that the Virginia High School League Sports Medicine Advisory Committee (SMAC) could assist in addressing the outreach ideas.</p>

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	<p>The Virginia Association of School Nurses (VASN) strongly supports educational programs to increase the public’s awareness of the causes of concussions, means to eliminate or prevent concussions, and return-to-play and return-to-learn protocols. The VASN also stated that programs should be offered in a variety of settings and with the use of state or nationally approved standards.</p> <p>The Virginia Athletic Trainers’ Association (VATA) supports Recommendation 1 and further recommends that in addition to the CDC, a statement such as “and other nationally recognized guidelines” be added, because other authoritative sources exist.</p> <p>The Brain injury Association of Virginia (BIAV) supports Recommendation 1.</p> <p>The Virginia Department of Education (VDOE) stated Recommendation 1 was a good recommendation. In addition, the Virginia Department of Health (VDH) indicated that they have funding for these workshops, and VDOE (special education) provides professional development for traumatic brain injury (TBI).</p>
<p>Round Table Findings – Return to Learn</p> <ul style="list-style-type: none"> Through the Board of Education, Virginia has put in place guidelines for the development of policies and procedures on the identification and handling of suspected concussions. The Board’s <i>Guidelines for Policies on Concussions in Student-Athletes</i> include a “return to play” protocol which states that any athlete suspected of sustaining a concussion must be removed from the athletic event and evaluated by a licensed health care provider. The <i>Guidelines</i> were amended in 2011 to include a “return to learn” protocol” with requirements that school personnel to be alert to cognitive and academic issues that may be experienced by a student-athlete who has suffered a concussion or other head injury. Schools are also to accommodate the gradual return to full participation in academic activities by a student-athlete who has suffered a concussion or other health injury. While the Virginia Board of Education amended the <i>Guidelines</i> for return to learn, approximately 33% of Virginia’s school divisions do not have return to learn policies. Return to learn should be 	<p><u>Recommendation 2</u> Request the VDOE to develop additional guidance for the return to learn protocols to <u>which may</u> be included in the Board of Education’s <i>Guidelines for Policies on Concussions in Student-Athletes</i>. Guidance should include case management procedures for return to learn, minimum standards for return to learn, and practical strategies for teachers to implement in the classroom. In addition, the <i>Guidelines</i> should include template communication consent forms that school divisions may use to help assist with the sharing of information between schools, families, and the medical community. School divisions should be encouraged to identify a person within school/school division to ensure that the return to learn protocol is being followed.</p> <p><u>Recommendation 3</u> Request the Executive Committee of the Virginia High School League consider requiring that a school division must have a return to learn protocol in place in order to participate in the VHSL.</p>

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<p>mandated.</p> <ul style="list-style-type: none"> • Outcomes for return to learn should be identified as a means of tracking progress (i.e. link academic, behavioral, and injury data). • Additional guidance for return to learn should be developed which includes practical strategies that teachers can implement. • There is a need for better communication between the health care community and the schools. Investigate using a parental consent agreement that could be included in the Board of Education's <i>Guidelines</i>. Communication forms should be developed that schools could use with families and the medical community. • Minimum standards for return to learn should be developed and such standards should incorporate feedback from the medical community and universities. Return to learn needs to address the school perspective. • Schools divisions need to identify the authority/person who determines whether a student is ready to return to play or return to learn. • Case management procedures should be in place for return to learn. • Teachers should receive professional development about return to learn. • Current education on concussion training may be redundant. Resources may need to be expanded. 	<p><u>PUBLIC COMMENTS</u></p> <p>Katherine Dec, M.D., Professor, Department of Physical Medicine and Rehabilitation, Professor, Department of Orthopaedic Surgery, Virginia Commonwealth University, and Virginia Commonwealth University Sports Medicine Clinic said that the Round Table Conclusion, about school divisions needing to identify the correct person to determine whether a student is ready to return to play or learn, “seems to add a layer of approval to the teachers that know the student and the medical connection/physician or psychologist.” Dr. Dec recommends a panel or committee, or trio.</p> <p>The Virginia Association of School Nurses (VASN) supports Recommendation 2 and strongly supports a point person being appointed for each division for the return to learn implementation and compliance.</p> <p>For Recommendation 2 the Virginia Athletic Trainers' Association (VATA) gives its support to the idea that a point person be in place to serve as coordinator of guidelines implementation in each school. The VATA adds that the school's athletic trainer could serve in the capacity of the point person or share the responsibility with the school nurse.</p> <p>The Brain injury Association of Virginia (BIAV) supports Recommendation 2.</p> <p>For Recommendation 2, the Virginia Department of Education (VDOE) commented that practical strategies for teachers are a good idea but such strategies could be provided directly and outside of the Board of Education's <i>Guidelines</i>.</p> <p>The VDOE also noted that for Recommendation 3, a request must come from a local school division to be considered by the VHSL Executive Committee.</p>

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<p>Round Table Findings – Data</p> <ul style="list-style-type: none"> • A data system should be established where information can be shared on concussions. This should include elementary, middle, and high schools. • A tracking system should be developed to follow the number of concussions statewide as well as how long it takes students to return to learn. The Virginia High School League Executive Committee could look at the feasibility of the development of such a tracking system. • The NCAA High School Reporting Information Online (RIO) system should be appraised as a possible means of data collection. Currently, certified athletic trainers (ATC) report to this system. • It is difficult to assess school concussion programs if statewide numbers remain unknown. Who has capacity and ability to interpret and use the data? 	<p><u>Recommendation 4</u> Request the Executive Committee of the Virginia High School League to examine the feasibility of developing a statewide database/tracking system on student-athlete concussions in Virginia. Considerations for the database should include the ability to capture data on how long it takes for the student to return to play/return to learn; how to make such a system effective in using the data to increase positive outcomes; how data may be used to determine if current school concussion policies/programs are effective; <u>the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA)</u>; and if the National Federation of State High School Associations (NFHS) High School Reporting Information Online (RIO) System could be expanded to serve as Virginia’s database.</p> <p><u>PUBLIC COMMENTS</u> Katherine Dec, M.D., Professor, Department of Physical Medicine and Rehabilitation, Professor, Department of Orthopaedic Surgery, Virginia Commonwealth University, and Virginia Commonwealth University Sports Medicine Clinic said “some of our high schools in the Commonwealth report to high school NFHS RIO research data.</p> <p>The Virginia Athletic Trainers’ Association (VATA) supports Recommendation 4.</p> <p>The Brain injury Association of Virginia (BIAV) supports Recommendation 4, particularly the data on how long it takes to return to learn/play.</p> <p>The Virginia Department of Education (VDOE) would like for Recommendation 4 to include an examination of HIPAA and FERPA requirements. VDOE also expressed concern that “the development of a statewide database/tracking system could place a burden on the VHSL and on school division,” and noted that the current recommendation language does not specify how and by whom the analysis of the collected data will be conducted.</p>

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<p>Round Table Findings – Legislative Action</p> <ul style="list-style-type: none"> • A survey conducted by the Commission on Youth and the Virginia Department of Education (VDOE) revealed that a significant percentage of schools have not implemented a return to learn protocol. The 2011 legislation required the Virginia Board of Education to adopt guidelines for return to learn but did not propose a deadline for local school divisions to do so. About 33% of Virginia’s school divisions do not currently have a return to learn protocol. • The current language in the <i>Code of Virginia</i> should be enforced regarding return to learn protocols for student-athlete concussions. • The <i>Code of Virginia</i> should be amended to include a date for schools to have a return to learn policy in place. • The <i>Code of Virginia</i> should be amended to include all students, not just student-athletes. 	<p><u>Recommendation 5</u> Amend § 22.1-271.6 of the <i>Code of Virginia</i> to require local school divisions develop policies and procedures regarding "Return to Learn Protocol" by July 1, 2016, consistent with either the local school division's policies and procedures or the Board's <i>Guidelines for Policies on Concussions in Student-Athletes</i>.</p> <p><u>Recommendation 6</u> Amend § 22.1-271.6 of the <i>Code of Virginia</i> to change the group covered by the statute from student-athlete to student.</p> <p><u>PUBLIC COMMENTS</u> The Virginia Association of School Nurses (VASN) supports Recommendation 6. They stated that return to learn protocols should be implemented in all students recovering from concussions, not just student-athletes.</p> <p>The Virginia Athletic Trainers’ Association (VATA) supports Recommendations 5 and 6. The VATA supports an implementation date for Recommendation 5 of July 1, 2016.</p> <p>The Brain injury Association of Virginia (BIAV) supports Recommendation 6. In addition, BIAV recommends updating the Board's <i>Guidelines for Policies on Concussions in Student-Athletes</i> to ensure that return to play protocols are enforced when concussions occur outside of sports.</p> <p>For Recommendation 5, the Virginia Department of Education (VDOE) supports adding a delayed implementation date to this section of the Code for local school boards to adopt return to learn policies.</p> <p>For Recommendation 6, the VDOE recommend removing “athlete” from this section of the Code.</p>

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<p>Round Table Findings – Best Practices</p> <ul style="list-style-type: none"> Ongoing equipment checks (i.e. fitting and use) should be encouraged. A resource should be developed for schools that describes how other school divisions are executing their policies on student-athlete concussions. Such a resource can help connect schools that do it well with schools that are having difficulty with either developing policies or implementing them. 	<p><u>Recommendation 7</u> Request the Virginia Department of Education <i>convene a stakeholder team</i> to provide best practices resources for school divisions to use which outlines what other school divisions are doing with their policies on student-athlete concussions. Such resources shall help connect schools that do it well with schools that are having difficulty either developing policies or implementing them.</p> <p><u>PUBLIC COMMENTS</u> The Virginia Athletic Trainers' Association (VATA) supports efforts to catalogue best practices as resources for school divisions.</p> <p>The Virginia Department of Education (VDOE) recommends that for Recommendation 7, a stakeholder team identify best practices that VDOE can in turn share with local school divisions.</p>
<p>Round Table Findings – Funding</p> <ul style="list-style-type: none"> There is a lack of resources across the Commonwealth. Special funding should be provided for low density/low poverty areas, (i.e. Southwest Virginia) for additional supports in dealing with concussions. Other funding sources, such as federal Perkins funding, should be evaluated to ascertain if it can be accessed to help train certified athletic trainers (ATC). Funding should be provided through the Standards of Quality (SOQ) for an athletic trainer in every school division. Funding should be provided through the SOQ for a school nurse in every school division. Funding should be provided for an independent assessment on how school divisions are doing with their student-athlete concussion policies. 	<p><u>Recommendation 8</u></p> <p>Option 1: Introduce a budget amendment to provide funding for low population density/poverty areas for additional supports in assisting students with concussions to return to the classroom successfully. Funding may be used for a licensed school nurse position employed by the school division, a licensed nurse contracted by the local school division, or a certified athletic trainer. Funding shall be used to support the return to learn protocol as defined by the Board of Education's <i>Guidelines for Policies on Concussions in Student-Athletes</i>.</p> <p>Option 2: Provide funding through the VDOE to assist students with concussions to return to the classroom successfully. The purpose of this budget amendment is to provide the necessary supports to schools for students with concussions who may not have those services available within the school setting. The funding may be used to contract with licensed medical professionals to assist the local school with the return to learn protocol as defined by the Board of Education's <i>Guidelines for Policies on Concussion in Student-Athletes</i>.</p> <p><u>Recommendation 9</u> Introduce a budget amendment to provide funding through the Standards of Quality (SOQ) for a certified athletic trainer in every school division.</p>

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	<p><u>Recommendation 10</u> Introduce a budget amendment to provide funding through SOQ for a school nurse in every school division.</p> <p><u>Recommendation 11</u> Option 1: Introduce a budget amendment for an independent assessment conducted by an institution of higher education of local school divisions' policies on concussion in student-athletes.</p> <p>Option 2: Request VDOE contact school divisions identified by the Virginia Commission on Youth as either not having a policy regarding the identification and handling of suspected concussions in student-athletes or that have missing components, such as annual parental review of the division's concussion policies. VDOE will work with these school divisions to provide technical assistance and resources so that these divisions expeditiously adopt policies that fulfill the requirements set forth in the Board of Education's <i>Guidelines for Policies on Concussions in Student-Athletes</i>.</p> <p><u>PUBLIC COMMENTS</u> Katherine Dec, M.D., Professor, Department of Physical Medicine and Rehabilitation, Professor, Department of Orthopaedic Surgery, Virginia Commonwealth University, and Virginia Commonwealth University Sports Medicine Clinic said she is unsure about Recommendation 11.</p> <p>The Virginia Association of School Nurses (VASN) commented on Recommendation 8 Option 1 and Recommendation 10. The VASN believes that the presence of a qualified health care provider at the school is critical for assessing students' abilities to return to learn. Furthermore, the VASN stated that SOQs already require school nurses, but recent flexibility to school divisions has diverted some divisions from meeting the SOQs. The VASN requests that Recommendation 10 be modified to require a school nurse be present in every school, not school division.</p> <p>Commenting in general on Recommendation 8, the Virginia Athletic Trainers' Association (VATA) supports in principle the allocation of funding for low population density/poverty areas for human resources to implement concussion guidelines, but understands that fiscal resources in the Commonwealth are limited. The VATA also reminds policymakers to</p>

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	<p>consider the unintended consequences of improper concussion management for school-age children.</p> <p>For Recommendation 9, the VATA supports a budget amendment that would add athletic trainers to the SOQ.</p> <p>The VATA does not support Option 1 of Recommendation 11 because of limited fiscal resources. Instead, the VATA would encourage school divisions to seek these assessments through collaboration with higher education institutions in their regions, when available. The VATA however does support Option 2 of Recommendation 11.</p> <p>The Virginia Department of Education (VDOE) commented on Recommendations 8 through 10. For Option 1 of Recommendation 8, VDOE stated that the SOQ allows flexibility for staffing. This recommendation should be specific in that additional funding would be provided in addition to the SOQ. In addition, school nurses are included on school divisions’ traumatic brain injury (TBI) management teams. For Option 2 of Recommendation 8, VDOE commented that TBI services are delivered by special education services available in the school setting.</p> <p>For Recommendation 9, VDOE would recommend encouraging partnerships with hospitals or orthopedic practices.</p> <p>The VDOE commented on Recommendation 10 that school nurses are included on school divisions’ TBI management teams. They can manage the return to learning process once a medical professional has indicated the student is ready.</p>
<p>Round Table Findings – Eligibility</p> <ul style="list-style-type: none"> • Middle schools are not members of the Virginia High School league. While some school divisions, such as Prince William, have implemented concussion management program that includes middle schools, most school divisions do not have a formal policy. • A Pre-Participation Physical Examination (PPE) should be required for middle school sports. • Pre-participation concussion training requirements, similar to Prince William County, should be investigated for athletes in middle school. 	<p><u>Recommendation 12</u> Request the Executive Committee of the Virginia High School League to require a Pre-Participation Physical Examination (PPE) for athletes participating in middle school sports.</p> <p><u>PUBLIC COMMENTS</u> Katherine Dec, M.D., Professor, Department of Physical Medicine and Rehabilitation, Professor, Department of Orthopaedic Surgery, Virginia Commonwealth University, and Virginia Commonwealth University Sports Medicine Clinic said “the requirement of middle school physical will need</p>

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<ul style="list-style-type: none"> The Virginia High School League has been a valuable partner in the development of concussion management policies; they provide the “hammer” for enforcing the <i>Guidelines for Policies on Concussions in Student-Athletes</i>. 	<p>reconsideration as to the age it addresses. The current PPE monograph is not written for non-high school.”</p> <p>The Virginia Athletic Trainers’ Association (VATA) strongly supports pre-participation physical examinations in middle school athletics as a requirement for participation.</p> <p>The Virginia Department of Education (VDOE) commented on Recommendation 12 that middle schools are not members of the VHSL.</p>
<p>Round Table Findings – Youth Leagues</p> <ul style="list-style-type: none"> There is a gap with recreation leagues and concussion management. Recreation/youth leagues that do not play on school property are not required to have a concussion management plans. Students that participate in these leagues may come to school after sustaining a concussion and school officials have no way of knowing whether the student had been injured. There is a need to encourage better communication with the schools and youth leagues. Investigate the feasibility of recreation sport leagues (the ones not playing on school property) developing concussion policies. Develop a youth league report card to see if they are meeting safety standards. Investigate how to require recreation sports teams to have concussion policies that do not play on school property. Evaluate the feasibility of providing incentives/insurance breaks for youth leagues that have safety standards. 	<p>Recommendation 13</p> <p>Request the Virginia Recreational Sports Association, the Virginia Youth Football and Cheering League, and the Virginia Youth Soccer Association to investigate ways to encourage concussion education including: providing strategies in concussion prevention, the development of a youth league report card for meeting safety standards for their members; and the establishment of policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either local school division’s policies and procedures or the Board of Education’s <i>Guidelines for Policies on Concussions in Student-Athletes</i>.</p>
<p>Round Table Findings – Private Schools</p> <ul style="list-style-type: none"> What can be done to encourage private schools into adopting concussion policies? 	<p>Recommendation 14</p> <p>Request the Virginia Association of Independent Schools <i>Virginia Council for Private Education</i> to investigate ways to encourage concussion education, to provide strategies in concussion prevention, and to 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 or the Board of Education’s <i>Guidelines for Policies on Concussions in Student-Athletes</i>.</p>

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	<p>PUBLIC COMMENTS</p> <p>The Virginia Council for Private Education (VCPE) encourages the inclusion of private school representatives in the discussion on student-athlete concussions.</p> <p>The VCPE also recommends substituting the VCPE in place of the Virginia Association of Independent Schools (VAIS) for Recommendation 14 as expressed above. The VCPE indicated that the VAIS is one of fourteen approved accrediting associations under the VCPE umbrella.</p> <p>In regards to Recommendations 13 and 14, the Brain injury Association of Virginia (BIAV) suggests looking into what other states are doing in regards to “pay to play” legislation.</p>
	<p><u>GENERAL PUBLIC COMMENTS</u></p> <p>A representative from InjureFree, a web-based injury reporting software product created by the Agency for Student Health Research, offered their expertise for future endeavors by the Commission.</p> <p>A representative from Practice Like Pros, a non-profit organization dedicated to reducing needless risk in high school football, offered the expertise of their group in the future.</p> <p>Angela Ward, Mechanicsville, Virginia, thanked the Commission for their work on the issue of concussions, and she offered her support and assistance.</p>