



Round Table Student-Athlete Concussions

Hosted by the Virginia Commission on Youth and the Virginia Department of Education

*September 22, 2015 – 10:00 a.m. to 2:00 p.m.
Department of Health Professions, Perimeter Center, Suite 300, Board Room 2
9960 Mayland Drive, Henrico, Virginia*

Meeting Notes

Round Table Members:

The Honorable Christopher K. Peace, The Honorable Eileen Filler-Corn, The Honorable Dave Marsden, Cristin Beasley, , Becky Bowers-Lanier, Heather Funkhouser, Joel Brenner, M.D., Donna K. Broshek, Ph.D., Shane Caswell, Ph.D., Katherine Dec, M.D., Tom Dolan, Elizabeth Ewing, Deirdre Goldsmith, Howard Goodkin, M.D., Ph.D., Michael Jaffee, M.D., Eldon James, Mike Jurgensen, Rick Lilly, Anne McDonnell, Fred Milbert, Eugenio Monasterio, M.D., Jodi Power, Jacob Resch, Ph.D, ATC, John Reynolds , Jeremiah K. O'Shea, MD, FACEP, Jay Sedory, M,Ed., ATC, EMT-T, Lauren Schmitt, Thomas Smith, Gil Trenum, Michelle Trenum, Rob Ukrop, Christopher Vaughan, Psy.D.

Virginia Department of Education Staff:

Pat Abrams, Cynthia Cave, Tia Campbell, Deborah Johnson, Vanessa Wigland

Virginia Commission on Youth Staff:

Amy Atkinson, Will Egen, Leah Mills,

Virginia Commonwealth University – Office of Public Policy Outreach in the L. Douglas Wilder School of Government Staff:

Bre'Auna Beasley

Guests:

Sandra Barnstead, Vassi Griffis, Annie McSweeney, Stephen Weiss, Otissa Williams

Welcome and Purpose

*The Honorable Christopher Peace, Chair
Virginia Commission on Youth*

Delegate Peace welcomed the Round Table members and introduced Delegate Filler-Corn, Senator Marsden, and Citizen Member Goldsmith. Delegate Peace referred the participants to the membership bios in the members' packets.

Delegate Peace noted that many of the Round Table participants helped develop the Department of Education's current guidelines on student-athlete concussions and thanked everyone for attending the

Round Table. He noted that the Commission on Youth was tasked during the 2015 General Assembly Session to study student athlete concussion. Legislation was introduced by Delegate Luke Torian (House Bill 2006) and Senator Richard Stuart (Senate Bill 998). The legislation would have required each local school division to establish a management plan for implementation of and compliance with its policies and procedures on the identification and handling of suspected concussions in student-athletes. The Senate Education and Health Committee and the House Education Committee members reviewed these bills and determined that further study of this issue would be appropriate. The members of the Committees requested the Commission on Youth to study the provisions set forth in the legislation.

Delegate Peace reviewed the meeting agenda and then turned the meeting over to Ms. Atkinson for background on Virginia's activities regarding student-athlete concussions.

Background on Virginia's Student-Athlete Concussions

*Amy M. Atkinson, Executive Director
Virginia Commission on Youth*

*Vanessa Wigand, Principal Specialist, Health, Physical and Driver Education
Office of Science and Health Education, Virginia Department of Education*

*Deborah Johnson, Ed.S., Education Specialist, Office of Special
Education Instructional Services, Virginia Department of Education*

Other States' Highlights

*Will Egen, Legal Policy Analyst
Virginia Commission on Youth*

Amy Atkinson with the Commission on Youth and Deborah Johnson with the Virginia Department of Education provided a brief background on this study. Mr. Egen then presented on student-athlete concussion legislation and policies in other states.

Ms. Atkinson reviewed the legislation passed by the 2010 General Assembly (SB 652 – Northam) which required the Board of Education develop and distribute to local school divisions guidelines for policies dealing with concussions in student-athletes. The legislation also required each school division to develop policies and procedures to inform parents/student-athletes, coaches on the risks and short- and long term health effects of concussions, criteria for removal from and return to play, and the risks for not reporting the injury and continuing to play. Each school division was to develop policies and procedures to identify and handle suspected concussions in student-athletes allowing for adequate time to heal and provide support until the student-athlete is symptom free.

Ms. Atkinson also informed the Round Table that during the 2014 General Assembly Session, legislation was passed (HB 410 – Anderson) requiring each non-interscholastic youth sports program utilizing public school property 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 or follow the local school division's policies and procedures. Separate legislation was also adopted (HB 1096 – Filler-Corn) which required the Board of Education to amend its guidelines for school division policies and procedures on concussions in student-athletes to include a "Return to Learn Protocol" with requirements that school personnel (i) be alert to cognitive and academic issues that may be experienced by a student-athlete who has suffered a concussion or other head injury and (ii) accommodate the gradual return to full participation in academic activities by a student-athlete who has suffered a concussion or other head injury.

Ms. Johnson updated the Round Table participants on the Virginia Department of Education's activities to build capacity in Virginia's schools. She stated that there were 30 traumatic brain injury (TBI) school/regional teams across the Commonwealth. Ms. Johnson stated that the fifth cohort was trained during the summer of 2015. TBI trainings include representatives from the VDOE training and Technical Assistance Centers (TTAC). TBI trainings are comprised of specialists from around the Commonwealth who work with students with TBI and their families. TBI teams have provided professional development/academy courses and trainings for school nurses, school administrators and board members, special education teachers, physical education teachers, athletic trainers, school psychologists/social workers, and parents and students. These TBI teams have also established data tracking systems, built collaborative networks within their communities, and improved communication amongst key leaders. Ms. Johnson noted that one school division's TBI team established a Memorandum of Agreement with local hospital. The Department of Education has been working to build capacity across the Commonwealth by sharing resources, increasing awareness of TBI in school and university coursework, and building collaborative networks.

Mr. Egen then reviewed other states' student-athlete concussion policies. He noted that other states' legislation related to TBI for student-athletes typically address education/training on concussion recognition and appropriate response, the removal of a student-athlete from play if a concussion is suspected, and the return of the student-athlete to play after evaluation/clearance by a designated health care provider.

Mr. Egen noted that some states employ additional methods that focus on emergency preparedness, including identifying health care professionals available for games; ensuring safer play by limiting the amount of contact during practices; improving awareness by collecting data from schools about the number of concussions incurred; and managing return to school by utilizing a concussion management team. Mr. Egen stated that twenty states require training for coaches in student athlete concussion recognition and awareness. Virginia's Board of Education Guidelines require training for personnel and volunteers, but this requirement is not mandated in the Code of Virginia. In addition, the Virginia High School League (VHSL) requires all coaches of sports teams to take a recognized course providing both education and prevention regarding concussions.

Delegate Peace asked if any states address response to emergency required first responders to be present at all athletic events. Mr. Egen stated that he did not see where other states had included this requirement in their policies.

Update of the Frank C. McCue Sports Medicine Advisory Committee (SMAC) for the Virginia High School League

Katherine Dec, M.D.

Delegate Peace introduced Dr. Dec with VCU's School of Medicine. Dr. Dec gave an update on the work of the Medicine Advisory committee for the Virginia High School League. Dr. Dec discussed the membership of the Committee and their affiliations. The mission is to provide safety and health guidelines to what they are asked to achieve and work with the legislature to carry out what they want the Advisory Committee to achieve. Last year, the General Assembly asked the VHSL to look at practice guidelines. Resources included on the VHSL's website include information on heat and hydration, physical examination requirements, infectious diseases, steroids/supplements, concussions, lightning safety, participant safety, and athletic trainers.

Dr. Dec stated that the Committee's role is to keep track of national issues. The Committee is working on developing an emergency action plan which is robust enough to be universal across the Commonwealth. There are differences across the state and the Committee recognizes that some

localities have greater difficulties because of this. Currently, the Committee is looking at mental health and the relationship with concussions. The Committee is also developing guidelines for state-level competitions.

Delegate Peace thanked Dr. Dec for her update.

Student-Athlete Concussion – A Local Perspective – Prince William County

*Fred Milbert, M.Ed., Supervisor of Health and Physical Education,
Driver Education, Athletics and JROTC
Office of Student Learning, Prince William County Schools*

*Shane V. Caswell, PhD, ATC, CSCS, Professor, Athletic Training Education Program
George Mason University
Executive Director, Sports Medicine Assessment, Research & Testing ([SMART](#)) Laboratory*

Gil Trenum, Brentsville District School Board Representative

Mr. Milbert provided an overview of Prince William County Public Schools Concussion Management Program. Mr. Milbert noted that it was currently in its fifth year and covers all interscholastic athletes and parents for middle and high school levels. A key requirement of the policy was that new or first year athletes had to receive face-to-face training. Athletes received annual online training in subsequent years. He stated that the online training had a time requirement along with a pre-and post-test. All teachers and administrators are trained in Prince William County Schools' "Return to Learn" policies. Moreover, key resources in the community were utilized, including college and university specialists. He then asked Dr. Caswell to provide information about the implementation of the program along with lessons learned.

Dr. Caswell stated that Prince William had implemented a concussion management program that was reflective of the collaboration with George Mason and with parents. George Mason has attempted to provide additional resources to the school division and assist in the development of a centralized surveillance system. Other resources provided to schools addressed return to learn. He stated that currently, interviews were taking place with the emergent population to better understand barriers to implementing the policies. Dr. Caswell noted that the volume of concussions managed by the division surged after implementation of the law. He also stated that frequently, students do not suffer concussions while playing school sports and that one-third of concussions result from out-of-school sports. These students come to school Monday morning with concussions.

Dr. Caswell stated that live education was logistically challenging but had great benefit. Attendees talk about what they learned after the training. This typically does not occur after a webinar session.

Dr. Caswell stated teachers truly care about return to learn but the instructions/documentation they receive are varied. There is room to address this issue with a uniform documentation method. Moreover, there is unbalanced knowledge between teachers and physicians regarding concussion policies. Teacher-friendly and subject specific examples as to how to implement return to learn in the classroom would be helpful. Teachers are concerned they may harm a student in the classroom if they do something incorrectly. Parent understanding and buy-in was very important. Other challenges include disparities in health care for follow up for specialized concussion care. Dr. Caswell stated that Mr. Trenum would provide additional information about Prince William's program.

Mr. Trenum stated about five years ago, he worked with the school division in developing the requirements because of the need for this program. Mr. Trenum stated that the face-to-face training

was very important and if a parent participates for the first time, it had additional benefits because it was likely the family had younger siblings who also participated in sports. This policy had “trickle down benefits” in that regard.

Mr. Trenum noted that he and his wife worked with Delegate Anderson on the legislation requiring non-interscholastic sports programs utilizing school property to have a concussion policy because these students were the same students were public school students and showed up to school on Monday. Prince William was fortunate because the division had more resources than other divisions. He stated that any requirements formulated by the Round Table would have to be implementable by all school divisions. The bar should not be raised too high so that it would be difficult to meet the requirements. The goal was to educate and create guidelines that were realistic and implementable. He then stated that insurance companies may play a role from a liability coverage perspective.

Delegate Peace thanked the presenters and asked if anyone had any questions. Senator Marsden stated that this work was extremely important and stated that the focus should remain on prevention. He stated that he had introduced legislation to limit contact in football practices. Senator Marsden asked the Round Table participants what happened when a school with 1,200 students played a school with 1,800 students? The students playing for the smaller school had a greater likelihood of getting injured because they were probably playing more and/or on special teams. There are steps that can be taken to reduce these injuries. For example, Fairfax now has color-coded practice days.

Senator Marsden also inquired how many students have a concussion prior to the game? Frequently it is a cumulative effect. Senator Marsden asked whether the VHSL concussion form included a question asking if the student ever had a concussion. The Round Table participants discussed this issue as well as how compliance was tracked. Currently, there is not requirement to report and track compliance.

Delegate Peace thanked everyone for their participation, asked that everyone continue the discussion during the small group phase of the Round Table. Ms. Atkinson informed the participants about lunches and where to locate their groups. She thanked Ms. Bowers-Lanier for providing lunches for the Round Table members.

Discussion Points and Recommendations from Small Groups

The Red Group – Pat Abrams and Bre’Auna Beasley

- Public awareness – Need to get the word out to low income families. Work with the Virginia Department of Health to create public service announcements. Need better communication from the families to the schools.
- Youth leagues – Develop a youth league report card to see if they are meeting safety standards. Need better communication with the schools.
- Insurance – Look into providing incentives for youth leagues that have safety standards.
- Team approach – Ensure case management procedures in place for return to learn.
- Professional development – Provide teachers with professional development for return to learn.
- Funding – Provide special funding for low density/low poverty areas, (i.e. Southwest Virginia) for additional supports in dealing with student’s concussions. Look at Perkins funding to help train certified athletic trainers (ATC).
- Return to learn – Mandate return to learn.
- Return to learn – Identify outcomes for return to learn as a means of tracking progress (tie academic, behavioral and injury data).
- Best Practices – Encourage ongoing equipment checks (fitting and use).

The Blue Group – Deborah Johnson

- Return to learn – Develop more guidance for return to learn which include practical strategies for teachers to implement on their level. Develop communication forms that schools could use with families and the medical community.
- Return to learn – Establish minimum standards for return to learn. Look to medical community and universities for their expertise. Return to learn needs to be from a school perspective.
- Legislative – Amend the Code to include all students, not just student-athletes.
- Budget – Provide funding for an independent assessment on how school divisions are doing with their student-athlete concussion policies.
- Database – Look at the feasibility of developing a statewide database to see how we are doing with concussions. There will be barriers with confidentiality laws (HIPPA and FERPA).
- Best practices – Develop a resource for schools to use in seeing what other school divisions are doing with their policies on student-athlete concussions. Help connect schools that do it well with schools that are having a hard time either developing policies or implementing them.

The Yellow Group – Tia Campbell - “Must be healthy to learn.”

- Return to learn – Schools divisions need to identify the authority/person who determines whether a student is ready to return to play or return to learn.
- Funding – Provide funding through the Standards of Quality (SOQ) for an athletic trainer in every school division.
- Funding – Provide funding through the SOQ for a school nurse in every school division.
- Database – Establish a data system where information can be shared on concussions (Elementary, Middle and High School).
- Eligibility – Require a Participation Physical Examination (PRE) for Middle School sports.
- Eligibility – Look into pre participation requirements similar to Prince William County for athletes in middle school.
- Public awareness – Include concussion education at all levels of school as part of the wellness message in the health curriculum.
- Public awareness – Encourage the Virginia Department of Health to provide public service messages on concussion awareness around the state through the media (must be targeted and culturally responsive).
- Public awareness – Request the Virginia Department of Health to develop concussion literature, posters, etc. to provide information on concussions.
- Training – Mandate coaches training in concussion awareness. Should Virginia consider disciplinary action for coaches who do not follow the protocol?
- Database – Need a statewide tracking system.

The Green Group – Vanessa Wigand and Leah Mills

- Public awareness – Need to provide more education to parents regarding concussions.
- Public awareness – Request the Virginia Department of Health to provide regional information session on concussion guidelines and awareness.
- Public Awareness – Encourage use of technology/smart phone applications for concussion identification.
- Virginia High School League – Recognize the value of Virginia High School League (VHSL) and that they provide the “hammer” for enforcing guidelines.
- Gap in guidelines/Private schools – What can be done to encourage private schools into adopting concussion policies?
- Gap in guidelines/Recreation leagues – Investigate how we can require recreation sports (the ones not playing on school property) to have concussion policies.

- Communication – Need better communication between the health care community and the schools. Look into possibility of using a parental consent agreement and include this in the guidelines.
- Enforcement – Enforce the current language in the Code of Virginia regarding student-athlete concussions.
- Legislative – Amend the Code to include a date for schools to have return to learn in place.

The White Group – Cindy Cave and Will Egen

- Funding – Recognize that there is a lack of resources across the state.
- Communication – Current education is redundant. Expand source of resources. Also, engage people and give them information on how to respond to concussions through active education.
- Community involvement – Need to involve the community and need to reach out to different groups.
- Communication – Need better communication between medical community and schools. The Prince William model serves as a good example on how this communication could work.
- Database – Develop a tracking system to see how many concussions and how long it takes for the student to return to learn. Request the VHSL Executive Committee to look at the feasibility of the development of such a tracking system.
- Database – Look at the NCAA High School Reporting Information Online (RIO) system as a possible means of data collection. Reporting to this system is currently fueled by certified athletic trainers (ATC).
- Tracking – How do we evaluate if school concussion programs are working if statewide numbers remain unknown? Also, who has capacity and ability to interpret and use the data?

Ms. Atkinson thanked everyone for their participation, and stated that she would send the Round Table participants the meeting notes and also post them to the Commission's website. The recommendations formulated from the Round Table and presented by the small groups will be shared with the Commission on Youth at the meeting scheduled for October 20, 2015 at 10:00 a.m. in House Room C at the General Assembly Building in Richmond. All meetings are open to the public. Public comment would later be received and the Commission would vote on proposed recommendations at the December 8, 2015 Commission on Youth meeting scheduled for 10:00 a.m. in House Room C. Ms. Atkinson thanked everyone for their involvement. The meeting was then adjourned at approximately 1:45.