

**Administrative Procedures for Policy # 3940 (Students) of the Board of Education  
Regarding Head Injuries and Concussions**

I. Purpose

- A. 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.

II. Background

- A. 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/guardians, and their coaches. The Code of Maryland Regulations (COMAR) requires subscribed training in concussion risk and management for coaches and physical education teachers. Calvert County Public Schools (CCPS) aims to provide comprehensive procedures for education, prevention, recognition, and management of any student suspected of having a head injury and/or concussion.

III. Definitions

- A. 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.
- B. Head Injury – injury or trauma to the head, scalp or skull capable of damaging the brain even if no external evidence of damage is seen.
- C. Student-athlete – a student participating in any try-out, practice, or contest of a school team.
- D. 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.
- E. Licensed Health Care Provider (LHCP) –
  - 1. A licensed physician trained in the evaluation and management of concussions;
  - 2. A licensed physician’s assistant trained in the evaluation and management of concussions in collaboration with the physician assistant’s supervising physician or alternate supervising physician within the scope of the physician assistant’s Delegation Agreement approved by the Board of Physicians;
  - 3. A licensed nurse practitioner trained in the evaluation and management of concussions;

4. A licensed psychologist with training in neuropsychology and in the evaluation and management of concussions; or
5. A certified athletic trainer (ATC)/designee for the limited purpose of returning a student to play, not diagnosis.

#### IV. Training

A. All coaches, Activities Directors (AD), including volunteer coaches, shall complete a training course every year, attested to by a certificate of completion, as a condition of coaching employment. At a minimum, the coach's training shall include:

1. The nature of the risk of a brain injury
2. The risk of not reporting a brain injury
3. Criteria for removal and return to play
4. Understanding concussions
5. Recognizing concussions
6. Signs and symptoms
7. Response and action plan

B. Physical education teachers shall complete a concussion education training course every year and they shall provide a certificate of completion.

#### V. Requirements for Student-Athletes

A. All student-athletes and their parents/guardians shall receive Concussion Awareness Information every school year. At least one parent/guardian shall sign a statement acknowledging receipt of this information.

B. Parents/guardians shall be required to fill out a Pre-Participation Head Injury form prior to the start of each athletic season.

#### VI. Management

A. For Students During the School Day

1. When the nurse is present:
  - a. The nurse shall assess the student to determine the nature of the injury and for changes in neurological status. The nurse shall follow health's standard of care for the assessment and treatment of head injuries and concussions as outlined in the Guidelines for Emergency Care in Maryland Schools.
  - b. The parents/guardians are notified of a suspected concussion or head injury and they are provided the Seen in the Health Room – Head Injury letter.
  - c. The nurse shall recommend the student be seen by his/her LHCP.

- d. If the student receives restrictions or accommodations from a LHCP as a result of a head injury or concussion, he/she shall provide that information to the nurse prior to return to class.
  - e. Upon receipt, the nurse shall forward this information to the school counselor, teachers, and Activities Director (AD) in the event the student is an athlete.
2. When the nurse is not present, 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:
- a. Any loss of consciousness
  - b. Convulsions
  - c. Slurred speech
  - d. Dazed or stunned appearance
  - e. Slow responses or repeated questioning
  - f. Increased confusion, agitation, restlessness
  - g. Behavior/personality changes
  - h. Drowsy/sleepy
  - i. Headache that worsens
  - j. Nausea/vomiting
  - k. Deformity of skull
  - l. Weakness, numbness, tingling in arms/legs
  - m. Bleeding or discharge from an ear
- 1) In the absence of the nurse, if designated school personnel observe any signs and symptoms of a head injury, they shall call 911 and notify the student's parents/guardians. If the designated school personnel is not trained in 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.
  - 2) If a suspected head injury occurs on a field trip, away from CCPS 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.
  - 3) Designated school personnel shall notify the nurse, school administrator, and the student's parents/guardians of any suspected head injury.

B. For Student-Athletes During the School Day

1. When a student-athlete receives a head injury or suspected concussion during the school day, the nurse shall inform the AD so that he/she shall be removed from try-outs, practice, or competition.
  - a. The nurse treats the student-athlete per standards of emergency care.
  - b. The AD, ATC/designee, and the parents/guardians of the student-athlete are notified of the student-athlete's suspected concussion or head injury.
  - c. The parents/guardians are contacted and given Seen in Health Room – Head Injury letter.
  - d. The student-athlete shall be evaluated by a LHCP for concussion diagnosis and shall not return to practice or play until cleared by an LHCP and the ATC/designee.
  - e. If the student athlete is diagnosed with a concussion, a Medical Clearance for Suspected Head Injury form and action plan shall be completed by a LHCP and returned to the nurse, ATC/designee, and AD.
  - f. Once cleared by the LHCP to begin a supervised RTP progression, the ATC/designee shall track and monitor the student through each step.
  - g. 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.
  - h. Students with persistent symptoms shall be referred to their LHCP for evaluation.
  - i. If the LHCP clears the student-athlete for immediate return to normal activity, then the school's ATC/designee shall evaluate the student-athlete before resuming normal activity.
  - j. If the ATC/designee observes no symptoms, the student-athlete is cleared to return to normal activity. The ATC/designee shall inform the coach, AD, and the student-athlete that he/she can return to normal activity.
  - k. If the ATC/designee observes signs and symptoms, the student-athlete is not cleared and the ATC/designee shall notify the coach, parent, and student-athlete concerning signs and symptoms observed.
  - l. The student-athlete shall be re-evaluated by a LHCP and ATC/designee before returning to normal activity.

C. For Student-Athletes After the School Day

1. When the coach or ATC/designee 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.

- a. When an ATC/designee is available, he/she makes the determination and shall initiate emergency care for all home athletic practices and contests.
  2. In the absence of an ATC/designee, EMT, or medical professional, the coach makes the determination of whether a concussion or head injury is suspected.
  3. When present, a Supervising Physician shall take priority in handling on-the-field emergency situations. Otherwise, the ATC/designee shall take priority in the initiation of care and notification of additional parties.
- D. When the ATC/designee or coach suspects a head injury the following steps shall be taken:
1. The parents/guardians shall be contacted and provided a Medical Clearance for Suspected Head Injury form.
  2. The AD and nurse shall be notified regarding the student-athlete's suspected head injury.
  3. The student-athlete shall be evaluated by a LHCP for concussion diagnosis and shall not return to practice or play until cleared by an LHCP and the ATC/designee.
  4. The student-athlete shall return a Medical Clearance for Suspected Head Injury form that has been completed by the LHCP to the nurse, ATC/designee, and AD.
  5. Once cleared by the LHCP to begin a supervised RTP progression, the ATC/designee and/or coach shall track and monitor the student throughout each step.
  6. 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.
  7. Students with persistent symptoms shall be referred to their healthcare provider for evaluation.
  8. If the LHCP clears the student-athlete for immediate RTP, then the ATC/designee, in consultation with the supervising physician, shall evaluate the student-athlete before resuming normal athletic activity.
  9. If the ATC/designee observes no symptoms, the student-athlete is cleared, and the ATC/designee shall inform the coach, AD, and the student-athlete that he/she can return to normal activity.
  10. If the ATC/designee observes signs and symptoms, the student-athlete is not cleared, and the ATC/designee shall notify the coach, parent, and student-athlete concerning signs and symptoms.

11. The student-athlete shall be re-evaluated by a LHCP and ATC/designee before returning to play.
- E. For Students During a Non-Athletic Extracurricular or Co-Curricular Activity or Event After the School Day
1. Designated school personnel shall observe the student for any complaints or symptoms of a head injury.
  2. Signs and symptoms of a head injury may include:
    - a. Any loss of consciousness
    - b. Convulsions/seizures
    - c. Slurred speech
    - d. Dazed or stunned appearance
    - e. Slow responses or repeated questioning
    - f. Increasing confusion, agitation, restlessness
    - g. Shows behavior/personality changes
    - h. Drowsy/sleepy
    - i. Headache that worsens
    - j. Nausea/vomiting
    - k. Deformity of skull
    - l. Weakness, numbness, tingling in arms/legs
    - m. Bleeding or drainage from an ear
  3. If designated school personnel observe any signs and symptoms of a head injury, they shall call 911, and notify the school administrator and the student's parents/guardians. If the designated school personnel is not trained in 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.

VII. Accommodations and Restrictions

- A. Appropriate academic accommodations and restrictions shall be available to all students during the recovery phase from a head injury or 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/designee, the nurse, and school student services personnel.