ADMINISTRATIVE PROCEDURE

CATEGORY: **Students, Welfare**

SUBJECT: **Concussion**

A. PURPOSE AND SCOPE

1. To outline procedures for identifying a student who may have had a concussion, assisting a student who is returning to school after a concussion diagnosed by a licensed medical provider, communicating with medical providers and parents/guardians about physical and academic activity permitted at school, and making accommodations for students at school during the post-concussive period.

2. **Related Procedures:**

B. LEGAL AND POLICY BASIS

1. **Reference:** Section 504 of the Rehabilitation Act of 1973; 34 Code of Federal Regulations, Part 104; California Education Code §§35179.5, 38131(6), 48206.3, 49475 (amended January 1, 2015) and 674539(b); California Interscholastic Federation Bylaw 313.

2. California Education Code §49475 requires schools that offer athletic programs to recognize signs of concussion, immediately remove the athlete from the activity for the remainder of the day, and not permit the athlete to return to play until he or she receives written clearance to return by a licensed healthcare provider. If the licensed healthcare provider determines that the athlete sustained a concussion or a head injury, the athlete shall also complete a graduated return-to-play protocol of no less than seven days in duration, under the supervision of the licensed healthcare provider.

   On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the athlete and the athlete's parent or guardian before the athlete initiates practice or competition.

   This section does not apply to an athlete engaging in an athletic activity during the regular school day or as part of a physical education course required pursuant to Education Code §51220(d).

3. California Education Code §38131(6) requires adoption and implementation of guidelines to prevent, assess, and treat sports-related concussions.

4. California Education Code §35179.5 requires school districts with athletic programs to restrict the number of practices during preseason and regular seasons. This section does not prohibit the California Interscholastic Federation (CIF) or a school district from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under this section.

5. California Education Code §48206.3 states that a student with a temporary disability which makes attendance in the regular day classes or alternative education program in which the student is enrolled impossible or inadvisable, shall receive individual instruction provided by the district. (Administrative Procedure 4257)

C. GENERAL

1. **Originating Office.** Suggestions or questions concerning this procedure should be directed to the Nursing and Wellness Program.

2. **Definitions.**

a. **Concussion:** A traumatic brain injury caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. It need not be associated with loss of consciousness (and most are not). Any one of the following symptoms or signs below should make a school staff member suspect concussion. A healthcare provider, after receiving this information, makes the definitive diagnosis.

(1) Student is dazed or stunned

(2) Confusion

(3) Clumsiness

(4) Loss of consciousness (even brief)

(5) Change in mood or behavior or personality

(6) Headache (not otherwise explained, e.g., laceration on head)

(7) Nausea or vomiting

(8) Sensitivity to light or noise

(9) Double or blurry vision

(10) Feeling sluggish, hazy or foggy

(11) Concentration or memory problems

(12) Not feeling right or feeling down

(13) Seizure

b. **Post-concussion signs and symptoms** include one or more of the following:

(1) Headache

(2) Nausea

(3) Vomiting

(4) Balance problems

(5) Dizziness

(6) Fatigue

(7) Trouble falling asleep

(8) Sleeping more or less than usual

(9) Drowsiness

(10) Light or noise sensitivity

(11) Irritability

(12) Sadness

(13) Nervousness

(14) Feeling more emotional

(15) Numbness or tingling

(16) Feeling slowed down

(17) Feeling mentally foggy

(18) Visual problems

c. **Cognitive rest:** A plan for taking a break from intensive cognitive activity, that may include the need for increased rest and sleep and no social visits in or out of the home, refraining from working on a computer, driving, watching television, playing video games, reading, texting, homework or anything that appears to make the symptoms reappear or worsen. The purpose is to allow the brain to regain its function without further damage. The optimum duration of cognitive rest and the level of cognitive rest is unknown and must be prescribed by a licensed healthcare provider. The optimal duration may differ for students of various ages.

d. **Physical rest:** Broad restrictions on physical activity are required until an athlete has had no post-concussion symptoms at rest for a period determined by a managing licensed healthcare provider. This includes no sports, no weight training, no cardiovascular training, no physical education classes, and no leisure activities such as bike riding, street games, or skateboarding because they risk another head injury or make symptoms worse.

e. **Licensed healthcare provider** (for concussions, as defined in California state statutes): A professional trained to evaluate and treat concussions/brain injuries and

authorized to allow an athlete to return to play. This limits the evaluation to a medical doctor (MD), doctor of osteopathy (DO), physician assistant (PA) or nurse practitioner (NP) operating under the license of a MD or DO.

f. **Return to play:** The ability and advisability of a student to return to being physically active; a process that begins by returning to a non-strenuous level of physical activity and gradually increasing to higher levels.

g. **Return to play progression:** The maximum rate at which a student may return to play as per the International Concussion Consensus Guidelines and the Centers for Disease Control and Prevention. A student's licensed medical provider may recommend further restrictions, as communicated with school staff, including progressions defined by the California Interscholastic Federation (CIF). No student will be permitted to return to play in physical education or athletic endeavors, unless there has been rest without symptoms or signs for a minimum of 48 hours. No student is permitted to progress to the next step unless there has been an absence of symptoms or signs. Each progressive step must be documented (Attachment 1) and reported to the school nurse, who may communicate with the student's doctor. If symptoms or signs are experienced, withhold activity until no symptoms for 24 hours, and then return to the previous step.

(1) Step 1: Light aerobic activity for 5-10 minutes that is designed to increase the student's heart rate (e.g., exercise bike, walking, light jogging). No weight lifting, jumping or hard running.

(2) Step 2: Moderate activity, with limited body and head movement; may go beyond 10 minutes, but may be reduced from typical routine for age (e.g., moderate jogging, brief running, moderate intensity stationary biking, and moderate intensity weightlifting).

(3) Step 3: Heavy, no-contact activity that is designed to be more intense than Step 2 (closer to what would be in the student's typical routine), but non-contact (e.g., running, high intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills). At this stage, some cognitive component to practice may be added.

(4) Step 4: Full contact and full activity, but in practices only, not competition.

(5) Step 5: Return to competition.

h. **Return to learn:** The ability and advisability of a student to return to academics, either at home or at school; a process as many students can begin by returning to very basic levels of learning and increase gradually as symptoms allow (Attachment 2).

3. **Intent.** The intent of this procedure is to facilitate how school staff identify students with possible concussion and provide return to play and return to learn guidelines to be implemented with students, parents/guardians, licensed healthcare providers and school staff. A plan for individualization of post-concussion and school programming is necessary for students after a concussion, as there is a large variation in symptoms (27% of high school age students with concussions are clear of all symptoms within 24 hours; 36% are clear

within 1-3 days; 20% are clear within 4-6 days; 15% are clear within 1-4 weeks; and 1.5% experience symptoms more than a month after injury).

4. **Identification of students with concussion.** Head injuries and symptoms of concussion may occur at a school-sponsored athletics practices or games, during physical education class, during recess and lunch periods, or during class time. Many concussions do not occur at school, but require school involvement for return to play and return to learn. To ensure that all students with concussions are identified, the name and grade of each student with a head injury and with a diagnosed concussion must be reported to the school nurse. Reporting to the school nurse is the responsibility of the parent/guardian, coach, teacher, site principal/administrator or other school personnel. Responsibility to report concussion information is included in the district's Facts for Parents, and in annual training for coaches, physical education teachers and health technicians. The training instructs those who observe a head injury to record the nature of the injury (e.g., What hit the student's head? When did it occur?), any student-reported symptoms, and any signs/symptoms after the injury. If a school nurse is not available to receive this report before the student returns to school after a concussion, that information shall be reported by school personnel to a cluster school nurse team leader or to the district's Nursing and Wellness Program.

5. **Immediate removal from play; seeking medical assistance.** Education Code §49475 requires schools that offer athletic programs to recognize signs of concussion, immediately remove the athlete from the activity for the remainder of the day, and not permit the athlete to return to play until he or she receives written clearance to return from a licensed healthcare provider. Coaches must keep students out of practice and competition until released for participation by the attending physician or treating agency (Administrative Procedure 6315). This requirement is expanded to include physical education instructors for students at all stages, and extends to head injuries that occur during physical education or any school activity.

   When there are recognizable signs or symptoms suspicious of concussion, the student's parent/guardian must be notified and the student referred to the school health office, with request for an immediate medical examination by the student's own physician, urgent care center or emergency department. The injury must be documented on the School Referral to a Health Evaluation for Concussion Symptoms (Attachment 3).

6. **Coordination of care between school and medical provider.** The school nurse will solicit information from the student's doctor about recommended restrictions and their anticipated duration. Attachment 1 may be used to solicit medical directives about the student's return to physical activity. Attachment 2 may be used to facilitate collection of medical directives related to the learning environment to be shared with members of a multi-disciplinary school team that includes the student's teachers (including the physical education teacher), the site principal/administrator, school counselor, coach, a site-based representative from Special Education, and a special educator with expertise in physical health impairments (i.e., brain injury). Those not available to attend the meeting must be informed of the proceedings.

7. **School responsibility when there is no medical provider or medical provider refutes witnessed concussion.** If no doctor has examined a student after witnesses have determined there were symptoms of a concussion after an injury, school staff must make every effort to assist the parent/guardian to have the student seen by a medical provider. If that has not occurred or if a doctor refutes that a concussion occurred despite symptoms

witnessed by school staff, all of the following minimum standard management protocols must be applied for any suspected concussion:

a. Student will stay home and rest on the day following the concussion.

b. Student may return to school for a half-day on the second day after a concussion, with staff instructed to observe student for any symptoms.

c. Student may return to full educational activities thereafter, as tolerated.

d. Student may return to physical activity more strenuous than walking for 15 minutes, but not at a pace that exceeds limitations provided on Attachment 1.

8. **Coordination of care within school.** Based on information from the doctor and school personnel observations, representatives of a multi-disciplinary team (e.g., Student Study Team, problem solving team, Response to Intervention team) shall decide whether the student requires short-term accommodations (a few days) or is anticipated to require longer-term accommodations (e.g., via a Section 504 Plan or Special Education services). Referrals to 504 eligibility or determination or to Special Education will be made, if appropriate. Plans to execute short-term accommodations (e.g., simplified tasks and instruction, shortened school day, dimmed lighting, etc.) shall be written and distributed to all staff involved. The plan must include which staff members will record student performance across all environments, how this information is to be relayed to the student's managing healthcare provider and parent, who is responsible for making changes to the return to play and return to learn accommodations for the student, and the point person(s) to communicate with the student.

D. IMPLEMENTATION

1. **Site principal/administrator:**

a. Provides Facts for Parents to all parents/guardians annually.

b. Ensures training of school staff (coaches, athletic trainers, teachers, physical education teachers, health technicians, special education health technicians, administrative staff, recess monitors) so all staff are informed of the signs of concussion following an injury, how to refer the student for medical evaluation, and how to report any student with concussion symptoms.

2. **School nurse:**

a. Confers, in person or by telephone with the parent/guardian and in writing and/or by telephone with the managing authorized healthcare provider about the student's head injury, concussion, and progress in school.

b. Collects information on physician diagnosis and student restrictions (Attachment 1 may be used).

c. Arranges for a school multi-disciplinary team meeting for the purpose of:

(1) Sharing medical information with team members and school information with medical providers.

(2) Developing a written plan describing student accommodations and responsible personnel.

(3) Making referrals to Special Education and 504 eligibility determination team, as appropriate.

(4) Consulting with the Special Education representative with expertise in physical health impairment (i.e., brain injury).

(5) As students cannot feasibly be evaluated by their doctor immediately after each step up of physical activity, school personnel should ask about symptoms after the student engages in a new level of physical activity. A Return to Play Progress Questionnaire (Attachment 4) may be used for this purpose. School nurses can share information from the questionnaire with the student's parent/guardian and managing healthcare provider, as necessary.

3. **Athletic directors, coaches, athletic trainers, and physical education teachers:**

a. Athletic director ensures training of coaches and other athletic department personnel regarding compliance with Education Code §49475.

b. Recognizes symptoms and signs of concussion, and removes student from play.

c. Recommends medical evaluation for any student with a head injury and signs or symptoms of concussion via the school health office and school nurse. If health office is not open after school hours, refers parent/guardian and student to immediately telephone healthcare provider or have student visit an urgent care center or emergency department.

d. Reports all diagnosed and suspected concussions to school nurse, or Nursing and Wellness Program if school nurse is not present, at time of occurrence or the next school day.

e. Does not return a student to play at any point after a suspected concussion until a licensed medical provider who has examined the student clears the level of activity in writing. Medical clearance must not exceed the return to play progression. Any uncertainties about the medical provider's prescribed return to play must be reported to the school nurse or district physician to elicit further clarification from the medical provider, before the student is permitted to participate in a more progressive level of play.

f. As students cannot feasibly be evaluated by their doctor immediately after each step up of physical activity, school personnel should ask about symptoms after the student engages in a new level of physical activity. A Return to Play Progress Questionnaire (Attachment 4) may be used for this purpose. School nurses can share information from the questionnaire with the student's parent/guardian and managing healthcare provider, as necessary.

4. **Other personnel:**

   a. When school nurses are not available, health technicians, special education health technicians, site principals/administrators, and school administrative staff who assist with first aid must adhere to the guidelines below:

      (1) Follow the first aid guide section pertaining to head injury (available in the school health office and on the district website), call parent/guardian with information about the injury, and refer student and parent/guardian for examination by a medical doctor.

      (2) Notify school nurse of the student's name and nature of the injury on the day of the injury if possible, or as early as possible on the next school ay after the injury.

      (3) As students cannot feasibly be evaluated by their doctor immediately after each step up of physical activity, school personnel should ask about symptoms after the student engages in a new level of physical activity. A Post Concussion: Return to Play Progress Questionnaire (Attachment 4) may be used for this purpose. School nurses can share information from the questionnaire with the student's parent/guardian and managing healthcare provider, as necessary.

E. FORMS AND AUXILIARY REFERENCES

1. Concussion: "Return to Play" Prescription (Attachment 1)
2. Return to Learn: Daily School Checklist for Concussion-Related Symptoms (Attachment 2)
3. School Referral to a Health Evaluation for Concussion Symptoms (Attachment 3)
4. Post Concussion: Return to Play Progress Questionnaire (Attachment 4)
5. California Interscholastic Federation Bylaws
6. First Aid Guide
7. Concussion and Head Injury Information Sheet (for athlete and parent/guardian)
8. Facts for Parents

F. REPORTS AND RECORDS

1. Risk Management to be notified of all concussion occurring at school.
3. Information to be retained in student's health record.

G. APPROVED BY

General Counsel, Legal Services
As to form and legality

H. ISSUED BY

Chief of Staff