

### Regulations for the Implementation of Policy 7-4.3

May 2015

The Montgomery County School Board is committed to ensuring that any student who sustains a head injury and/or is suspected of sustaining a concussion is properly diagnosed, given adequate time to heal, and is comprehensively supported until he or she is symptom free. Concussion management is based on physical and cognitive rest until symptoms resolve, followed by a return to play protocol after medical clearance.

For injuries sustained during an athletic event:

- a) All coaches will complete an online NFHS course for the recognition of signs and symptoms of concussion. Coaches will present certificates of completion to the athletic director no later than the first day of their respective seasons. After completion of the course, coaches are required to attend an annual coaches' training provided by MCPS. In order to participate in any extracurricular athletic activity, each student athlete and the student athlete's parent or guardian shall annually review information on concussions provided by the school division.
- b) After reviewing the material describing the short and long term health effects of concussions, each student athlete and the student athlete's parent or guardian shall sign a statement acknowledging receipt, review and understanding of such information.
- c) Student athletes will complete a baseline assessment, for example ImPACT or SCAT 3, prior to the first team practice. The assessment will be submitted to the Athletic director for reference during the sport season.
- d) Any student suspected of sustaining a head injury or concussion shall immediately be removed from the activity and shall not return to play that same day and until (a) evaluated by an appropriate licensed health care provider, and (b) being in receipt of written clearance to return to play from such licensed health care provider.
- e) A student removed from play should be evaluated by a licensed healthcare provider using the *Head Injury Referral Form* so that the attending physician has the information to aid in diagnosing the symptoms. A copy of the evaluation form should be given to parent/guardian of the student athlete.
- f) A copy of the *Head Injury Referral* form must be initialed by the athletic director, a school administrator, and the school nurse so that steps can be taken to ensure appropriate school personnel are notified. Modifications may be necessary in academic classes, physical education classes, and other school activities.
- g) When the student/athlete returns to school, a physician's note or the ACE Care Plan may provide guidance on activity limitations or the note may declare the student/athlete to be symptom-free and ready to return to

play. Any such note must be shared with the athletic director, a school administrator, athletic trainer and the school nurse in order to plan for Return to Play and Return to Learn protocols.

### **Return to Play Protocol**

- Low levels of physical activity. This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
- Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from the typical routine).
- Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
- Full contact in controlled practice.
- Full contact game play.

h) No member of a school athletic team shall participate in any athletic event or practice the same day he/she is injured and exhibits signs, symptoms, or behaviors attributable to a concussion; or has been diagnosed with a concussion.

i) A student-athlete shall progress to a stage where he or she no longer requires instructional modifications or other support before being cleared to return to full athletic participation (return-to-play).

j) No member of a school athletic team shall return to participate in an athletic event or training on the days after he/she experiences a concussion unless all of the following conditions have been met:

- the student attends all classes, maintains full academic load/homework, and requires no instructional modifications;
- the student no longer exhibits signs, symptoms, or behaviors consistent with a concussion, at rest or with exertion;
- the student is asymptomatic during, or following periods of supervised exercise that is gradually intensifying; and
- the student receives a written medical release from an appropriate licensed health care provider.

### **Return to Learn Protocol:**

A student recovering from a brain injury shall gradually increase cognitive activities progressing through some or all of the following phases. Some students may need total rest with a gradual return to school, while others

will be able to continue doing academic work with minimal instructional modifications. The decision to progress from one phase to another should reflect the absence of any relevant signs or symptoms, and should be based on the recommendation of the student's appropriate licensed health care provider in collaboration with school staff, including teachers, school counselors, school administrators, psychologists, nurses, clinic aides, or others as determined by local school division concussion policy.

#### Home: Rest

Cognitive and physical rest may include

- minimal cognitive activities – limit reading, computer use, texting, television, and/or video games;
- no homework;
- no driving; and
- minimal physical activity.

Light cognitive mental activity may include

- up to 30 minutes of sustained cognitive exertion;
- no prolonged concentration;
- no driving; and
- limited physical activity.

Student will progress to part-time school attendance when able to tolerate a minimum of 30 minutes of sustained cognitive exertion without exacerbation of symptoms or reemergence of previously resolved symptoms.

#### School: Part-time

Maximum instructional modifications including, but not limited to

- shortened days with built-in breaks;
- modified environment (e.g., limiting time in hallway, identifying quiet and/or dark spaces);
- established learning priorities;
- exclusion from standardized and classroom testing;
- extra time, extra assistance, and/or modified assignments;
- rest and recovery once out of school; and
- elimination or reduction of homework.

Student will progress to the moderate instructional modification phase when able to tolerate part-time return with moderate instructional modifications without exacerbation of symptoms or re-emergence of previously resolved symptoms.

Moderate instructional modifications including, but not limited to established priorities for learning;

- limited homework;
- alternative grading strategies;

- built-in breaks;
- modified and/or limited classroom testing, exclusion from standardized testing; and
- reduction of extra time, assistance, and/or modification of assignments as needed.

Student will progress to the minimal instructional modification phase when able to tolerate full-time school attendance without exacerbation of existing symptoms or reemergence of previously resolved symptoms.

School: Full-time

Minimal instructional modification - instructional strategies may include, but are not limited to:

- built-in breaks;
- limited formative and summative testing, exclusion from standardized testing;
- reduction of extra time, assistance, and modification of assignments; and
- continuation of instructional modification and supports in academically challenging subjects that require cognitive overexertion and stress.

Student will progress to nonmodified school participation when able to handle sustained cognitive exertion without exacerbation of symptoms or re-emergence of previously resolved symptoms.

School: Attends all classes; maintains full academic load/homework; requires no instructional modifications.

k) Progression through the above phases shall be governed by the presence or resolution of symptoms resulting from a concussion experienced by the student including, but are not limited to

- a. difficulty with attention, concentration, organization, long-term and short-term memory, reasoning, planning, and problem solving;
- b. fatigue, drowsiness, difficulties handling a stimulating school environment (e.g., sensitivity to light and sound);
- c. inappropriate or impulsive behavior during class, greater irritability, less able to cope with stress, more emotional than usual; and
- d. physical symptoms (e.g., headache, nausea, dizziness).

l) Progression through gradually increasing cognitive demands should adhere to the following guidelines:

- increase the amount of time in school;
- increase the nature and amount of work, the length of time spent on the work,

- or the type or difficulty of work (change only one of these variables at a time);
- if symptoms do not worsen, demands may continue to be gradually increased;
- if symptoms do worsen, the activity should be discontinued for at least 20 minutes and the student allowed to rest
  - 1) if the symptoms are relieved with rest, the student may reattempt the activity at or below the level that produced symptoms; and
  - 2) if the symptoms are not relieved with rest, the student should discontinue the current activity for the day and reattempt when symptoms have lessened or resolved (such as the next day).

m) School nurses or athletic trainers will monitor their students for symptoms using the MCPS Return to Learn and Activity tool. The tool combines the stages of recovery as outlined in these guidelines by gradually increasing cognitive and physical activity through six stages.

n) If symptoms persist or fail to improve over time, additional in-school support may be required with consideration for further evaluation. If the student is three to four weeks post injury without significant evidence of improvement, a 504 plan should be considered.

Forms:

Head injury referral form:

[http://mcps.ss7.sharpschool.com/UserFiles/Servers/Server\\_92164/File/Departments/Science/Head%20Injury%20Referral%20Form%202015.pdf](http://mcps.ss7.sharpschool.com/UserFiles/Servers/Server_92164/File/Departments/Science/Head%20Injury%20Referral%20Form%202015.pdf)

ACE Care Plan form: School-based care givers may request from the student's physician specific modifications -

[http://mcps.ss7.sharpschool.com/UserFiles/Servers/Server\\_92164/File/Departments/Science/Ace%20Care%20Plan.pdf](http://mcps.ss7.sharpschool.com/UserFiles/Servers/Server_92164/File/Departments/Science/Ace%20Care%20Plan.pdf)

Post-injury return to learn and return to learn/activity graphic organizer:

[http://mcps.ss7.sharpschool.com/UserFiles/Servers/Server\\_92164/File/Athletics/Return%20to%20learn%20and%20activity%20-%20Draft%20-F.pdf](http://mcps.ss7.sharpschool.com/UserFiles/Servers/Server_92164/File/Athletics/Return%20to%20learn%20and%20activity%20-%20Draft%20-F.pdf)

Symptom Check Tool:

[http://mcps.ss7.sharpschool.com/UserFiles/Servers/Server\\_92164/File/Athletics/Return%20to%20Learn%20Activity%20Symptom%20Check.pdf](http://mcps.ss7.sharpschool.com/UserFiles/Servers/Server_92164/File/Athletics/Return%20to%20Learn%20Activity%20Symptom%20Check.pdf)