



# MEMORANDUM

Memo No. 001

**TO:** Dr. John B. Gordon III, Superintendent

**FROM:** Dr. Ron M. Leigh, Director of Secondary Leadership

**DATE:** August 1, 2022

**RE:** 2022-2023 Concussion Management Team (Informational)

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Below is the 2022-2023 Concussion Management Team (CMT) for Suffolk Public Schools. This team will meet in the Month of October 2022 and February 2023.

Derrick Bryant - School Administrator (King's Fork)  
Richard D. Fortune, Sr. - Athletic Administrator (SAO)  
Sara Smith - Athletic Trainer (Nansemond River)  
Jazmyne Johnson - Coach Field Hockey (King's Fork)  
Camdyn Stuffer - Student Athlete Softball (Nansemond River)  
Jennifer Davis - Parent (Student-Athlete Parent)  
Julie Masters - Special Education Administrator (SAO)  
Jeff Benton - School Psychologist (SAO)

**Section 9-20.14. Goal of policy stated; definitions; concussion management team; required training; parent and student review of training materials; removal for activities; return to play; helmet replacement and reconditioning; policy can be provided to non-school organizations. —**

A. The School Board desires the safe return to activity for all student-athletes participating in extracurricular physical activities following an injury, but particularly after a concussion. The goal of this policy is to ensure:

- (i) that coaches, school staff, volunteers, student-athletes, and their parents or guardian are aware of the short-term and long term effects of concussions;
- (ii) that concussed student-athletes are identified, removed from play immediately, and referred appropriately; and
- (iii) that concussed student-athletes are returned to play only after receiving appropriate medical care, given adequate time to heal, and are symptom free.

B. The following definitions shall apply to this section:

**Concussion:** *a brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e., a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.*

**Licensed Health Care Provider:** *a physician, physician assistant, osteopath or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner licensed by the Virginia State Board of Nursing.*

**Return-to-Learn:** *instructional modifications that support a controlled, progressive increase in cognitive activities while the student recovers from a brain injury allowing the student-athlete to participate in classroom activities and learn without worsening symptoms and potentially delaying healing.*

**Return to Play:** *to participate in a non-medically supervised practice, game, or athletic competition.*

C. A Concussion Management Team (“CMT”) shall be appointed by the Superintendent of Schools and shall consist of a school administrator, an athletic administrator, a licensed healthcare provider, a coach, a parent or guardian of a student-athlete, a student athlete, and any such other person the Superintendent determines will assist the CMT in its actions. The CMT shall develop concussion training materials for school personnel, volunteers, student-athletes, and parents of student-athletes. The CMT shall also develop concussion reporting, management, and review protocols for the school division. The CMT shall maintain a record of all incidents where a student-athlete has been removed from a game, competition, or practice because he or she has been suspected of sustaining a concussion. The CMT shall meet at least once per semester and shall evaluate the division’s training materials, concussion reporting, management, and review protocols annually.

D. Every Coach, Assistant Coach, School Staff, Adult Volunteer, or other person serving in a coaching or advisory role over student-athletes during games, competitions, or practices shall receive training in the signs and symptoms of sports-related concussions, strategies to reduce the risk of concussions, how to seek proper medical treatment for concussions, and the process by which a concussed student-athlete may safely return to practice or competition. Each school and the CMT shall maintain a written record of the names and dates of completion for all persons completing the school’s concussion training. Each school shall ensure that no person is allowed to coach or advise a student-athlete in any practice, game, or competition who has not completed the school’s concussion training within the previous twelve months.

E. Prior to participating in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review concussion training materials developed by the CMT and sign a

statement acknowledging receipt of such information. The concussion training materials shall describe the short-and long-term health effects of concussions. The signed statements acknowledging the receipt of concussion training materials shall be valid for one calendar year and will satisfy the concussion training requirements for all of a student-athlete's extracurricular physical activities for a calendar year.

F. A student-athlete suspected by a student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice, game, or competition shall be removed from the activity immediately, evaluated, and if necessary referred for further treatment. A student-athlete who has been removed from play, evaluated, and suspected to have sustained a concussion shall not return to play that same day.

In determining whether a student-athlete removed from play is suspected of having sustained a concussion, an appropriately licensed health care provider or other properly trained individual, shall evaluate the student-athlete at the time of removal utilizing a standardized concussion sideline assessment instrument (e.g., Sideline Concussion Assessment Tool (SCAT-II; SCAT III, ChildSCAT3), the Standardized Assessment of Concussion (SAC), or the Balance Error Scoring System (BESS)).

The determination of whether a student-athlete removed from play is suspected of having sustained a concussion shall be the sole determination of the licensed health care provider or other properly trained individual conducting the concussion sideline assessment. Such determination is final and may not be overruled by another licensed health care provider or other properly trained individual, coach, assistant coach, school staff, or other person serving in a coaching or advisory role, the student-athlete, or the parent or guardian of the student-athlete.

The coach of a student-athlete may elect not to return the student-athlete to play, even if it is determined after the concussion sideline assessment that the student-athlete is no longer suspected of having sustained a concussion.

G. No student-athlete shall be allowed to return to extracurricular physical activities, which includes the student-athlete's practices, games, or competitions, until the student presents a written medical release from the student-athlete's licensed health care provider. The written medical release shall certify that:

- (i) the provider is aware of the current medical guidance on concussion evaluation and management;
- (ii) the student-athlete no longer exhibits signs symptoms or behaviors consistent with a concussion at rest or with exertion; and
- (iii) that the student-athlete has successfully completed a progressive return to sports participation program.

The length of progressive return to sports participation program shall be determined by the student-athlete's licensed health care provider but shall last a minimum of five calendar days. The coach of a student-athlete may elect not to allow a student-athlete to return to extracurricular physical activities, even after the production of a written medical release from the student-athlete's licensed health care provider, if the coach observes signs and symptoms of sports-related concussions. If the student-athlete's coach makes such a decision, the coach shall communicate the observations and concerns to the student-athlete's parent or guardian within one day of the decision not to allow such student-athlete to return to extracurricular physical activities.

H. School personnel shall be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including:

- (i) difficulty with concentration, organization and long-term and short-term memory;
- (ii) sensitivity to bright lights and sounds; and
- (iii) short-term problems with speech and language, reasoning, planning and problem solving.

School personnel shall accommodate the gradual return to full participation in academic activities by a student who has suffered a concussion or other head injury as appropriate, based on the recommendation of the student's licensed health care provider as to the appropriate amount of time that such student needs to be away from the classroom.

I. All helmets used in school physical activities must conform to the National Operations Committee on Standards for Athletic Equipment (NOCSAE) and certified as conforming by the manufacturer at the time of purchase. Reconditioned helmets that have been purchased must be recertified as conforming to the NOCSAE by the re-conditioner.

J. The school division may provide this policy and the Board of Education's Guidelines for Policies on Concussions in Student-Athletes to organizations sponsoring athletic activity for student-athletes on school property. The school division does not enforce compliance with the policy or Guidelines by such organizations. (Adopted June 13, 2013; Ordinance Number 12/13-126; Effective Date: July 1, 2013; Revised June 9, 2016; Ordinance Number 15/16-108; Effective Date: July 1, 2016; Revised October 13, 2016; Ordinance Number 16/17-22; Effective Date: July 1, 2017)

**Legal Authority** - Virginia Code § 22.1-78 (1950), as amended.