

FAUQUIER COUNTY PUBLIC SCHOOLS	Policy: 7-4.2
	Adopted: 04/10/12
	Revised: 02/10/14, 2/13/2017
INTERSCHOLASTIC ATHLETICS	

1. Athletics

- 1.1. Interscholastic athletic programs shall be available to all eligible high school students. Interscholastic athletic activities shall be conducted in accordance with the rules of the Virginia High School League as approved by the School Board. The primary consideration in all decisions regarding student athletics shall be the safety, health and welfare of the student. The primary consideration in all decisions regarding student athletics shall be the safety health and welfare of the student. The School Board may provide partial financial support and transportation and shall approve any new interscholastic athletic programs.
- 1.2. Cheerleading is an interscholastic athletic program in all high schools in Fauquier County Public Schools. Therefore, all cheerleading including sideline cheering and competitive cheering shall be conducted in accordance with the rules of the Virginia High School League (VHSL) as approved by the School Board.
- 1.3. Elementary Schools – Elementary schools shall not sponsor interscholastic competitive sports programs and shall not allow the school name to be used as a team designation in a program conducted by another agency. Elementary school students may not participate in interschool competitive sports at the middle school level.
- 1.4. Middle School Student Athletes - No public middle school student shall be a participant or try out for any school athletic team or squad with a predetermined roster, regular practices, and scheduled competitions with other middle schools unless such student has submitted to the school principal a signed report from a licensed physician, a licensed nurse practitioner practicing in accordance with his practice agreement, or a licensed physician assistant acting under the supervision of a licensed physician attesting that such student has been examined, within the preceding 12 months, and found to be physically fit for athletic competition.
- 1.5. Intramural Activities – Intramural activities should be an integral part of the physical education program provided to meet the needs and interests of students. This program should be developed cooperatively with the principal, teachers, and resource personnel. Intramural programs should be as extensive as facilities, sponsoring and coaching personnel, finance and interest will allow within the confines of the philosophy and aims of the total school program. The intramural program shall be supervised by the principal or his designee.

2. Athletic Eligibility

- 2.1. Students participating in interscholastic athletics must meet all Fauquier County Public Schools residency requirements and all eligibility requirements outlined in the Virginia High School League Handbook (to include student transfer requirements) which may be reviewed at <http://www.vhsl.org/>. (See Policy 7-2.3)
- 2.2. Eligibility to participate in athletics is a privilege earned by meeting standards set by the Virginia High School League, Fauquier County Public Schools and the base school. Failure to meet these standards may result in individual or team penalties.

3. Concussions

- 3.1. Fauquier County Public Schools 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 they are symptom free. Concussion management is based on physical and cognitive rest until symptoms resolve, followed by a graded program of exertion prior to medical clearance and return to play. The Fauquier County Public Schools Superintendent is authorized to develop regulations for the implementation of this policy, consistent with applicable law (the “Concussion Regulation”).

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3.2. Definitions

- 3.2.1. **“Concussion”** means 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. The effects of repeated concussions can be cumulative. After a concussion there is a period in which the brain is particularly vulnerable to further injury. If an athlete sustains a second concussion during this period, the risk of permanent brain injury increases significantly (i.e. “second impact syndrome”).
- 3.2.2. **“Appropriate Licensed Health Care Provider”** is a physician, physician’s 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.
- 3.2.3. **“Return to Learn”** means instructional modifications that support a controlled, progressive increase in cognitive activities while the student recovers from a brain injury (i.e. concussion) allowing the student to participate in classroom activities and learn without worsening symptoms and potentially delaying healing.
- 3.2.4. **“Return to Play”** means participation in a non-medically supervised practice or athletic competition.

3.3. Policy Requirements

- 3.3.1. 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. 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.
- 3.3.2. 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 until (a) evaluated by an appropriate licensed health care provider, and (b) is in receipt of written clearance to return to play from such licensed health care provider. This includes any student suspected of sustaining a head injury or concussion on school property or at a school sponsored event. (E.g., during physical education classes or recess.) The Regulation 7-4.2 (A) shall include a protocol for student athletes to return to play that is consistent with that recommended by the Virginia Board of Education Guidelines regarding Concussions in Student-Athletes (the “Guidelines”), and shall specifically prohibit any member of a school athletic team from participating in any athletic event or practice the same day he or she is injured when he or she (a) exhibits signs, symptoms or behaviors attributable to a concussion; or (b) has been diagnosed with a concussion. Further, the protocol shall include provisions for the student athlete’s return to athletic participation in the days after he or she experiences a concussion consistent with such Guidelines.
- 3.3.3. The Regulation 7-4.2(A) shall also include a “Return to Learn” protocol for students that requires school personnel be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including (a) difficulty with concentration, organization, and long-term and short-term memory; (b) sensitivity to bright lights and sounds; and (c) short-term problems with speech and language, reasoning, planning and problem solving. The “Return to Learn” protocol shall provide accommodation for a gradual return to full participation in academic activities of 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

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that such student needs to be away from the classroom, and otherwise be consistent with the guidelines.

- 3.3.4. Coaches will be concussion certified no later than the first day of their respective seasons. The Concussion Regulation shall prescribe the training required of all coaches, athletic directors, relevant staff and volunteers, meeting the objectives provided in and utilizing training materials and schedules endorsed by the Guidelines. Playground monitors and physical education teachers are required to review and complete the National Federation of State High School Association concussion training by September 1 of each school year. (www.nfhslearn.com)
- 3.3.5. Regulation 7-4.2 (A) shall include a provision that, beginning at a time specified by the Superintendent and his staff, all middle school and high school athletes will be administered a baseline test (the Immediate Post Concussion Assessment and Cognitive Testing (IMPACT) or a comparable test) prior to the first athletic practice of any season in which each athlete participates, by a qualified staff member. The Regulation shall further provide that such tests will be given in the seventh, ninth and eleventh grades thereafter and to any newly enrolled student athlete. Finally, the Regulation shall provide that post injury IMPACT testing will be administered to any athlete suspected of having a head injury.
- 3.3.6. High school athletic trainers in Fauquier County Public Schools will use standardized measurement tools to assess all head injuries at high school athletic events, as further outlined in the Regulation 7-4.2 (A). High school athletic trainers may refer the athlete back to the student’s evaluating physician at any point during the Return to Play period, as further outlined in Regulation 7-4.2 (A).
- 3.3.7. All helmets must be National Operating Committee of Standards for Athletic Equipment (NOCSAE) certified by the manufacturer at the time of purchase. Reconditioned helmets must be NOCSAE recertified by the re-conditioner.
- 3.3.8. Fauquier County Public Schools will make every effort to provide materials related to concussion management to organizations sponsoring athletic activities for student athletes on school property on the Fauquier County Public Schools website (www.fcps1.org.)
- 3.3.9. A concussion policy team that includes, at a minimum, a school administrator, an athletic administrator, appropriate licensed health care provider, coach, parent, and student shall refine and review this policy and the Concussion Regulation on an annual basis.

LEGAL REFERENCE: Code of Virginia, 1950, as amended, §§ 22.1-78, 22.1-271.5, Virginia Board of Education “Guidelines for Policies on Concussions in Student-Athletes.”

Regulations/Appendices and Forms Follow

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ACCOMPANYING REGULATION/APPENDIX/FORMS

REGULATION 7-4.2(A)	CONCUSSIONS
REGULATION 7-4.2(B)	MIDDLE SCHOOL STUDENT ATHLETES ELIGIBILITY
APPENDIX 1, 7-4.2(A)	USEFUL WEBSITES REGARDING CONCUSSIONS
APPENDIX 2, 7-4.2(A)	EXAMPLE OF THE LEVEL OF PROGRESSION FOR RETURN TO PLAY
FORM 7-4.2(A) F1	ACKNOWLEDGEMENT OF RECEIPT OF CONCUSSION POLICY
FORM 7-4.2(A) F2	PROFESSIONAL RFFERAL FOR THE EVALUATION OF A SPORTS-RELATED CONCUSSION
FORM 7-4.2(A) F3	CONCUSSION SIGNS AND SYMPTOMS
FORM 7-4.2(A) F4	HEAD INJURY REPORT

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REGULATION 7-4.2(A) CONCUSSIONS

1. Generally

- 1.1. The Fauquier County Public School concussion regulations are developed to meet the Code of Virginia, Section 22.1-271.5 providing policies and guidelines dealing with concussions and requiring each school division to develop policies and procedures regarding the identification and handling of suspected concussions. This regulation is designed to comport with Virginia Board of Education guidelines and will be amended as necessary. The following regulation provides clear procedures to implement policy 7-2.4.

2. Definitions

- 2.1. **“Concussion”** means 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. The effects of repeated concussions can be cumulative. After a concussion, there is a period in which the brain is particularly vulnerable to further injury. If an athlete sustains a second concussion during this period, the risk of permanent brain injury increases significantly (i.e. “second impact syndrome”).
- 2.2. **“Appropriate Licensed Health Care Provider (ALHCP)”** is a physician, physician’s 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.
- 2.3. **“Return to Play (RTP)”** is the protocol to be followed after a student has received or is suspected of having received a concussion. Using an individualized step progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. Generally, each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post concussion symptoms occur while in the stepwise program, then the patient should drop back to the previous asymptomatic level and try to progress again after a further 24 hour period of rest has passed.
- 2.4. **“Fauquier County Public Schools Concussion Referral Form (CRF)”** is the document that shall be completed any time a head injury or concussion is suspected and shall be in the possession of the Athletic Trainer or designee. This form must be completed in its entirety prior to return to play.
- 2.5. **“Primary Health Care Provider (PHCP)”** means the student’s primary health care evaluator. The PHCP shall be an MD, DO, Physician Assistant, Nurse Practitioner or any appropriate specialist as long as they hold at least one of the preceding credentials.
- 2.6. **“Program of Progressive Exertion”** is a gradually progressive exercise program designed to safely return the student athlete to athletic activity and assess the readiness for Return to Play by determining if signs and symptoms are still present or reoccur with activity.
- 2.7. **“Second Impact Syndrome”** occurs when a student who has already sustained a head injury, sustains a second head injury before symptoms have fully resolved from the first injury. Many times this occurs because the student has returned to activity before his or her first injury symptoms resolve. Coaches, parents and students must realize that days or weeks may be needed before concussion symptoms resolve. When a student receives a second blow to the head, it can result in loss of brain function, decreased blood supply and increased intracranial pressure. The school community must recognize the signs and symptoms of concussion/mild traumatic brain injury (MTBI) and limit physical and cognitive activity until the symptoms have completely resolved.

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3. Fundamental Components

- 3.1. Verified training of coaches and staff on concussion risks, recognition and management. FCPS will use the National Federation of State High School Association concussion training. (www.nfhslearn.com)
- 3.2. Education of parents and student athletes on concussion risks, signs, and symptoms and post injury management for sports and school. Parents and student athletes will read, sign and submit to the school the FCPS Acknowledgement of Receipt of Understanding of FCPS Concussion Policy, Regulations and Concussion Fact Sheet before the first practice. If the student is in multiple sports, only one set of acknowledgements per school year needs to be on file.
- 3.3. Immediate removal from play or activity by the student athlete’s coach, athletic trainer, team physician, or school nurse of any student suspected of sustaining a concussion. (That is exhibiting signs and or symptoms.) The operating principle is “When in doubt, sit them out.”
- 3.4. Written clearance to return to play or activity of the student by a licensed health care professional trained in the evaluation and management of a concussion. The written clearance must be received by the school before the student is allowed to return to the field/court or activity. The operating principle is “Return to play requires written medical clearance.”
- 3.5. Treatment of the student in school. Designated school personnel will be trained in concussion management in the school. They will be informed of the student injury and its specific symptom manifestations: physical, cognitive, emotional, and sleep. An individualized school health care plan will be developed and implemented to assist the student’s recovery, providing maximally tolerated academic activities.

4. Training and Education

- 4.1. All coaches, school health nurses, certified athletic trainers, physical education teachers, cafeteria and playground monitors, student athletes and parent/guardian of athletes will complete concussion training annually that shall include the following:
 - 4.1.1. recognition of signs and symptoms associated with a concussion and the impact on the student;
 - 4.1.2. process for reporting a head injury/concussion;
 - 4.1.3. strategies to reduce risk of concussions;
 - 4.1.4. description of FCPS concussion management process;
 - 4.1.5. obtaining proper medical treatment for a person suspected of having a concussion; and
 - 4.1.6. protocol for return to play/activity after sustaining a concussion.
- 4.2. Annually, the administrators shall receive updates and review the CDC’s fact sheets on concussion information and management. Staff will become familiar with their role in the recovery process, identification of the recurrence of symptoms and protocol for concussion injury management.
- 4.3. Parent and Student Education: Prior to participation in any extracurricular athletic activity, each student athlete and the student athlete’s parent or guardian shall review on an annual basis, information on concussions. The athlete and student will complete and sign the FCPS Acknowledgement form and return it to the Athletic

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Director or designee prior to the start of practice. Parent and student signatures will serve as acknowledgement of receipt, review and understanding of FCPS concussion policies and procedures.

- 4.4. The principal or designee shall be responsible for providing the dates of the required training and collecting the signed documents from the in-season student athlete and parent. Multiple sport athletes shall not have to repeat training in the current school year if proper documentation exists.
- 4.5. Student recovery from a concussion requires a collaborative approach among school professionals, health care providers, parents and students. Any FCPS teacher who has been informed by parents or school staff that a student has sustained a concussion shall communicate in a timely manner with the school administrators, school health nurses, athletic trainers and essential staff.
- 4.6. Teachers should be aware that students sustaining a concussion who are reporting numerous symptoms such as headache, dizziness, fatigue, or an inability to concentrate may need to limit scholastic activities and cognitive stressors. Cognitive rest is an important component for the recovery from concussions.

5. High School Student Athlete Care

5.1. Removal from Play

- 5.1.1. If a head injury or concussion is suspected by the Athletic Trainer or any Appropriate Licensed Health Care Provider (ALHCP) or team or game official acting on behalf of the Athletic Trainer (e.g. an Athletic Trainer at an away game, Team Physician, Coach, Athletic Administrator, or Game Official) the student athlete shall be immediately removed from all athletic activities.
- 5.1.2. Any student suspected of sustaining a head injury or concussion shall be removed from the activity immediately and shall not return to play until (a) evaluated by an ALHCP and (b) in receipt of written clearance to return to play from such licensed health care provider. This includes any student suspected of sustaining a head injury or concussion on school property or at a school sponsored event. (E.g. an away game).

5.2. Evaluation Protocol

- 5.2.1. If a head injury or concussion is suspected, the Athletic Trainer, or any other appropriate ALHCP acting on behalf of the Athletic Trainer, shall perform a thorough evaluation of the athlete using appropriate techniques, tools, and special tests warranted that are accepted by and within the scope of their respective profession. (e.g., balance testing, vital signs, pupil checks, etc.)
- 5.2.2. FCPS Athletic Trainers shall use, as part of the evaluation process, the SAC-VNI assessment tool.

5.3. Referral Protocol

- 5.3.1. Any student athlete suspected of having a head injury or concussion by an ALHCP, must be evaluated by the student athlete's Primary Health Care Provider (PHCP).
- 5.3.2. The student athlete and his/her parent/guardian will be given the FCPS Concussion Referral Form (CRF) for completion by the PHCP.
- 5.3.3. The Athletic Trainer, student athlete's parent/guardian, and the student athlete's PHCP must complete their designated section of the CRF.

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- 5.3.4. The CRF must be completed in its entirety and must be in the possession of the Athletic Trainer prior to the student athlete progressing to the Return to Play Protocol.
- 5.3.5. If it is determined by the PHCP that a concussion did not occur and the PHCP has signed the Concussion Referral Form clearing the student athlete for full participation, the student athlete may return to play.
- 5.3.6. If a head injury is confirmed, prior to progressing to the Return to Play Protocol, the student athlete shall have a written clearance for full participation by the student athlete's PHCP as provided in the CRF.
- 5.3.7. The Athletic Trainer at his/her discretion may deny a student's Return to Play if the student displays signs and/or symptoms of a concussion. The student will be referred back to his/her PHCP for reevaluation.

6. Return to Play for High School Athletes

- 6.1. No student athlete shall participate in any athletic event or practice the same day he/she is injured and:
 - 6.1.1. Exhibits signs, symptoms or behaviors attributable to a head injury or concussion, or
 - 6.1.2. Has been diagnosed with a concussion.
- 6.2. No student athlete shall return to participation in an athletic event or practice if he/she experiences a head injury or concussion until all of the following conditions are met:
 - 6.2.1. The student athlete has been evaluated by the student athlete's PHCP.
 - 6.2.2. A CRF is completed in its entirety and is in the possession of the Athletic Trainer.
 - 6.2.3. A written clearance with specific level of participation from the student athlete's PHCP (as provided in the CRF) is in the possession of the Athletic Trainer.
 - 6.2.4. The Athletic Trainer has the authority to deny Return to Play if the student athlete exhibits signs or symptoms of a concussion. The student will be referred back to his/her PHCP for reevaluation.
 - 6.2.5. The student athlete successfully completes the Program of Progressive Exertion.
- 6.3. The Program of Progressive Exertion protocol is as follows:
 - 6.3.1. The student athlete will progress through a Program of Progressive Exertion prior to Return to Play.
 - 6.3.2. The student athlete will begin the Program of Progressive Exertion when:
 - 6.3.2.1. the student athlete has met all criteria in 6.1.1 and 6.1.2 and 6.2.1, 6.2.2 and 6.2.3 of the Return to Play Protocol, and
 - 6.3.2.2. the student athlete has been sign and symptom free for at least 24 hours prior to beginning the Program of Progressive Exertion.

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- 6.3.3. Only one step of the Program of Progressive Exertion shall be completed daily.
- 6.3.4. If the athlete exhibits or reports any signs or symptoms of a concussion, the program shall end and the athlete shall drop back to the previous step and begin again after 24 hours of rest provided the athlete is asymptomatic the entirety of the 24 hour rest period. The Program will resume only when the student athlete is sign and symptom free for 24 hours.
- 6.3.5. The Program of Progressive Exertion
 - 6.3.5.1. Day 1: No exertional activity until asymptomatic for 24 hours.
 - 6.3.5.2. Day 2: Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
 - 6.3.5.3. Day 3: Sport specific exercise such as running, etc. Progressive addition of resistance training may begin.
 - 6.3.5.4. Day 4: Non-contact training/skill drills.
 - 6.3.5.5. Day 5: Full contact training in practice setting.
 - 6.3.5.6. Day 6: Return to competition.
- 6.4. The student athlete shall Return to Play only if the Athletic Trainer verifies the student athlete has completely and satisfactorily met all of the aforementioned criteria and a written clearance for Return to Play from the Athletic Trainer is issued.
- 6.5. In accordance with Fauquier County School Board Policy, the Athletic Trainer may refer the student athlete back to the student athlete's PHCP at any point during the Return to Play process for further evaluation. If he/she displays signs and/or symptoms of a concussion, the Athletic Trainer will withhold the student athlete from participation until the student athlete is reevaluated by his/her PHCP.

7. Middle School Athlete Head Injuries

- 7.1. Any middle school student athlete suspected by their coach of having a head injury or concussion must be removed from play immediately. When in doubt, sit them out!
- 7.2. The middle school athlete who is suspected of having a head injury/concussion will not be permitted to re-enter the game or practice on the same day he/she is removed.
- 7.3. Middle school staff/coach shall contact the athlete's parent/guardian and/or emergency rescue to have the student placed under physician care as soon as possible.
- 7.4. A copy of the FCPS Referral Form for the Evaluation of a Sports Related Injury (CRF) will be given to the parent/guardian by the coach at the time of injury.
- 7.5. The middle school athlete will not return to play unless all of the following are met:
 - 7.5.1. The student must return the FCPS Referral Form for the Evaluation of a Sports Related Injury with a written medical release for full participation from the PCHP.

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- 7.5.2. The student must no longer exhibit signs, symptoms, or behaviors consistent with a concussion at rest or with exertion.
- 7.5.3. The student must be asymptomatic during or following periods of supervised exercise that is gradually intensifying.
- 7.5.4. The coach will notify the parent/guardian if the athlete becomes symptomatic during return to play.
- 7.5.5. The parent will be required to have the student athlete reevaluated by his/her PHCP.
- 7.5.6. The coach is responsible for notifying school administration immediately after the suspected head injury/concussion, so follow-up can begin.

8. Non Sports-Related Head Injury for All FCPS Students

- 8.1. If a student sustains a head injury at school, he/she will be referred to the school nurse. If possible, the nurse will assess the student at the site of the injury.
- 8.2. The school nurse will determine the cause of injury and obtain information from the teacher/witness.
- 8.3. The school nurse will use the CDC Concussion Signs and Symptoms Checklist to assess the student. (see attached).
- 8.4. If any of the following signs or symptoms are present, the school nurse will immediately call 911:
 - 8.4.1. Deterioration of neurological function;
 - 8.4.2. Decreasing level of consciousness;
 - 8.4.3. Decrease or irregularity of pulse;
 - 8.4.4. Unequal, dilated or nonreactive pupils;
 - 8.4.5. Cranial nerve abnormalities;
 - 8.4.6. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding;
 - 8.4.7. Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation;
 - 8.4.8. Seizure activity; or
 - 8.4.9. Vomiting
- 8.5. If the school nurse identifies any of the following signs and symptoms, she can decide if 911 should be called:
 - 8.5.1. Loss of consciousness;
 - 8.5.2. Amnesia lasting longer than 15 minutes;
 - 8.5.3. Increase in blood pressure;
 - 8.5.4. Motor deficits subsequent to initial assessment;

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- 8.5.5. Sensory deficits subsequent to initial assessment;
- 8.5.6. Balance deficits subsequent to initial assessment;
- 8.5.7. Post-concussion symptoms that worsen; or
- 8.5.8. Student is still symptomatic after 2 hours
- 8.6. The school nurse shall take the following steps depending on what the nurse's evaluation reveals:
 - 8.6.1. After assessing the student using the CDC Checklist, the school nurse finds no signs or symptoms of a concussion, the school nurse may at his/her discretion, send the student back to class.
 - 8.6.1.1. Student will be instructed to notify his/her teacher and/or school nurse if any symptoms develop after returning to class.
 - 8.6.1.2. Teacher will notify the school nurse if he/she notices any signs or symptoms of a concussion.
 - 8.6.1.3. The nurse will complete the FCPS Head Injury Report Form and give a copy of it the student to deliver to his/her parent.
 - 8.6.1.4. The school nurse will notify the parent of the head injury and that the Head Injury Form was sent home with the student.
 - 8.6.1.5. Any student suspected of a head injury will not participate in recess or physical education on the day of the injury.
 - 8.6.2. If the student exhibits signs and symptoms of a head injury/concussion:
 - 8.6.2.1. If the school nurse identifies signs and symptoms of a concussion on initial assessment, the student will continue to be monitored in the clinic at 15-minute intervals for a minimum of 30 minutes using the CDC's Concussion Signs and Symptoms Checklist.
 - 8.6.2.2. Students who experience one or more signs of a concussion will be watched very closely by the nurse until the parent arrives and or emergency services transports the student to seek further medical evaluation.
 - 8.6.2.3. The parent will be given a copy of the FCPS Report of Head Injury and a copy of the CDC Concussion Sign and Symptom Checklist (see attached).
 - 8.6.2.4. The parent will also be given a copy of the CDC's Concussion Fact Sheet for Parents.
 - 8.6.2.5. If the student exhibits at least one or more symptoms of a concussion, the student must have medical clearance from his/her PHCP and have the Concussion Referral Form (CRF) completed to participate in school activities.
 - 8.6.2.6. The school nurse will file the CRF in the student's medical record in the locked file cabinet in the clinic.

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9. Helmet Replacement and Recondition Procedures

- 9.1. Helmets used for athletic participation must be National Operating Committee on Standards for Athletic Equipment (NOCSAE) certified by the manufacturer at time of purchase. (Helmets included are football, lacrosse, softball, and baseball).
- 9.2. Football helmets that are ten years old from the manufacturing date will be removed from use.
- 9.3. Helmets must be NOCSAE inspected according to the manufacturer’s recommendations. Reconditioned helmets must be NOCSAE recertified by a certified reconditioning vendor.
- 9.4. It is recommended that all School Division owned helmets receive recertification if used during a season before being used for an upcoming season.
- 9.5. A minimum of two staff members at each school will be trained in the proper fitting of football helmets. Football helmets must be fitted properly at the time of issuance by these trained staff members.
- 9.6. Personal helmets used for lacrosse, softball, and baseball, must meet NOCSAE standards and be checked by School Division staff to ensure that the helmet has not been modified from its intended design.

10. Community Involvement and Community Information Access

- 10.1. Concussion training resources and materials will be made available on the FCPS Website and on each high school and middle school athletic Web page.
- 10.2. Schools shall make every effort to collaborate with organizations sponsoring athletic activity for student-athletes on school property to provide materials and training opportunities related to concussion management.

11. Impact Testing

- 11.1. At a time specified by the superintendent and his staff, all seventh grade and older athletes will be administered a baseline test (the Immediate Post Concussion Assessment and Cognitive Testing [IMPACT]) or a comparable test prior to the first athletic practice of any season in which each athlete participates, by a qualified staff member.

12. Concussion Policy Team

- 12.1. The Concussion Policy team that includes a school administrator, athletic director, appropriate licensed health care provider, coach, parent, athletic trainer and student shall refine and review the Concussion Policy and regulation on an annual basis.

Regulation 7-4.2(B) Appendices and Forms Follow

FAUQUIER COUNTY PUBLIC SCHOOLS	Policy: 7-4.2
	Adopted: 04/10/12
	Revised: 02/10/14, 2/13/2017
INTERSCHOLASTIC ATHLETICS	

REGULATION 7-4.2(B) MIDDLE SCHOOL STUDENT ATHLETIC ELIGIBILITY

1. Generally

- 1.1. The goal of the School Board regarding this regulation is to ensure that every team at every school has enough players to compete and that more Fauquier County Public Schools students have an opportunity to be involved in extra-curricular activities.

2. Definition

- 2.1. **“Shortage”** for the purpose of this regulation is defined as not having enough students trying out for a team to fill the minimum number of students needed to field a team. Below are the minimum roster sizes required to field a team for the season as determined by division-wide athletic directors and school athletic directors:

- 2.1.1. Baseball 12
- 2.1.2. Basketball 10
- 2.1.3. Cross Country 10
- 2.1.4. Soccer 10
- 2.1.5. Softball 12
- 2.1.6. Volleyball 10

- 2.2. **“Subject School”** for the purpose of this regulation is defined as the school in which there is a sport for which a non-enrolled student wishes to try out.

3. Eligibility for Playing a Sport in a Middle School Where a Student is Not Enrolled

- 3.1. The student’s school of enrollment does not offer the corresponding sport.
- 3.2. The student must reside in the attendance zone of the subject school and that school must have a shortage in the number of students trying out for that sport with the following exception:
 - 3.2.1. The student may try out/participate at a school in a different attendance zone if the school is unable to field a team, and the school within the student’s own attendance zone has enough students trying out to field a team in the same sport.
- 3.3. Students are responsible for any participation fees.
- 3.4. All eligibility requirements for enrolled students apply to non-enrolled students.
 - 3.4.1. Students must be in good standing academically, behaviorally, and in terms of attendance at their school of enrollment.
 - 3.4.1.1. The student is responsible for producing evidence of the aforementioned good standing. Evidence includes but may not be limited to the following:
 - 3.4.1.1.1. A letter from a school official

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	Revised: 02/10/14, 2/13/2017
INTERSCHOLASTIC ATHLETICS	

- 3.4.1.1.2. An up-to-date transcript
 - 3.4.1.1.3. The student’s latest report card
 - 3.4.1.1.4. The student must provide daily documentation of being in school for more than half the day at their school of attendance.
 - 3.4.1.1.5. The student must provide communication of any discipline issues involving the student at the school in which the student is enrolled to the athletic director where the student is participating on a team.
- 3.4.2. Students must meet all requirements related to physical fitness including a physical exam and participate in completion of baseline IMPACT Testing as specified in the policy corresponding to this regulation.
- 3.5. Under no circumstance will a student not enrolled in the subject school replace an enrolled student who has tried out for a sport and been cut during or after tryouts.

Appendix and Forms Follow

7-4.2(A) Appendix I

USEFUL WEBSITES REGARDING CONCUSSIONS

CDC Concussion in Sports

<http://www.cdc.gov/concussion/sports/index.html>

American Academy of Pediatrics (AAP) Sport-Related Concussion in Children and Adolescents

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;126/3/597>

Virginia High School League (VHSL)

http://www.vhsl.org/sports_medicine/concussions

National Federation of State High School Associations (NFHS) Free online course

<http://www.nfhslearn.com/>

NFHS Parent's Guide to Concussion in Sports

<http://www.nfhs.org/content.aspx?id=3325>

Concussions
Example of the Level of Progression for Return to Play (RTP)

<u><i>Rehabilitation Stage</i></u>	<u><i>Functional Exercise at each Stage of Rehabilitation</i></u>	<u><i>Objective of each Stage</i></u>
<i>1. No activity</i>	<i>Complete physical and cognitive rest.</i>	<i>Recovery</i>
<i>2. Light aerobic exercise</i>	<i>Walking, swimming, or stationary cycling keeping intensity <70% MPHR. No resistance training.</i>	<i>Increase Heart Rate</i>
<i>3. Sport-specific exercise</i>	<i>Ex: running drills in soccer. No head impact activities.</i>	<i>Add movement</i>
<i>4. Non-contact training drills</i>	<i>Progression to more complex training drills (e.g. passing drills in football). May start progressive resistance training.</i>	<i>Exercise, coordination, cognitive load</i>
<i>5. Full contact practice</i>	<i>Following medical clearance; participate in normal training activities.</i>	<i>Restore confidence, assessment of functional skills by athletic trainer</i>
<i>6. Return to play</i>	<i>Normal game play.</i>	<i>Continues to be asymptomatic in full participation.</i>

**ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF
FAUQUIER COUNTY PUBLIC SCHOOLS CONCUSSION POLICY,
REGULATIONS, AND CONCUSSION FACT SHEET**

Please review the preceding policy, regulations, protocols and fact sheets. Once you have reviewed and understand the material, please complete this page and return to the Athletic Trainer. This acknowledgement form must be completed and on file in the Athletic Training Room prior to participation in any High School athletic event. *This includes tryouts.*

Student Athlete

I _____ have received, reviewed, and understand the Fauquier County Public Schools Concussion Policy, Regulations and Concussion Fact sheets therein.

Student Athlete PRINTED Name: _____

Intended Sports (Please list all the sports you intend to play this year):

Student Athlete Signature: _____

Date: _____

Student Athlete's Parent/Guardian

I _____ have received, reviewed, and understand the Fauquier County Public Schools Concussion Policy, Regulations and Concussion Fact Sheets therein.

Parent/Guardian Printed Name: _____

Relationship to Student Athlete: _____

Parent/Guardian Signature: _____

Date: _____

Internal Use Only

Date Received: _____

Corresponding Physical on File: YES ____ NO ____

Athletic Trainer Signature: _____ Date: _____

Comments:



FAUQUIER COUNTY PUBLIC SCHOOLS

Professional Referral for the Evaluation of a Sports Related Concussion/Head Injury

- **This is a referral form for the evaluation of a concussion/head injury**
- **This form must be completed by an MD, DO, Physician Assistant or Nurse Practitioner**
- **Please ensure that all sections are completed**
- **Please ensure that sections that require a signature are signed and dated**
- **Please return this form in its entirety to the Athletic Trainer**

Part I: Referring School Information

School: _____ School Address: _____

Certified Athletic Trainer or Designee: _____

Date of Referral: _____

Athletic Trainer Contact Information:

Office: _____ Cell: _____
Fax: _____ Email: _____

Part II: Professional Practice Information

Name of Practice: _____

Address: _____

Phone: _____ Fax: _____

Examining Physician: _____

Part III: Patient Information

Patient Name: _____ DOB: _____

Patient Address: _____

Name of Parent/Guardian: _____

Relationship to Patient: _____

Parent Guardian Address: _____

Parent Guardian Home Phone: _____ Cell: _____

Part IV: Patient Medical History	YES	NO
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have any ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or non-prescription (over the counter) medications?	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have any allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you have any allergies to pollen, food, or insects?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medication?	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8) Has a doctor ever told you that you have (check all that apply):		
a. High Blood Pressure <input type="checkbox"/>		
b. High Cholesterol <input type="checkbox"/>		
c. Heart Murmur <input type="checkbox"/>		
d. Heart Infection <input type="checkbox"/>		
9) Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
11) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
12) Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>
14) Have you ever had an x-ray of your neck for atlanto-axial instability (C-1 or C2 cervical injury)?	<input type="checkbox"/>	<input type="checkbox"/>
15) Have you ever been told you have a disorder of or a problem with your neck/spine?	<input type="checkbox"/>	<input type="checkbox"/>
16) Have you ever had an x-ray, CT, MRI, for a spinal condition?	<input type="checkbox"/>	<input type="checkbox"/>
17) Were you born without or are you missing a kidney, any eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
18) Do you wear corrective lenses/contacts?	<input type="checkbox"/>	<input type="checkbox"/>
19) Have you ever been diagnosed with a seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>

-
- 20) Does anyone in your family have a history of seizure disorders?
- 21) Have you ever had a head injury or concussion?
- a. Date of last concussion: _____
- 22) Have you ever been hit in the head and been confused or lost your memory?
- 23) Have you ever been knocked unconscious?
- 24) Have you ever had a X-ray, CT, or MRI for head, neck, or spine injury?
- 25) Do you have headaches with exercise?
- 26) Have you ever had a numbness, tingling, or weakness in your arms or legs after being hit or falling?
- 27) Have you ever been unable to move your arms or legs after being hit or falling?
- 28) Have you ever been restricted from activity due to a head injury or concussion?
- 29) Have you ever not participated in a practice or game or stopped participating in a practice or a game due to a head injury or concussion?
- a. If yes, how long were you out? _____

Please Explain All YES Answers:

Physician Signature: _____ **Date:** _____

Part V: History of Present Illness (To Be Filled Out By Athletic Trainer/Designee)

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Was there an LOC: YES NO

If yes, how long: _____

Was the patient referred to an ER: YES NO

If yes, where: _____

Was the patient seen by or referred to their Primary Health Care Provider: YES NO

If yes, when and where was the patient seen: _____

Subjective: _____

Objective: _____

Assessment: _____

Plan: _____

Examining Athletic Trainer/Designee: _____

Athletic Trainer/Designee Signature: _____ **Date:** _____

Part VI: Physician Examination

Date of Exam: _____ Name of Examining Physician: _____

Signs and Symptoms at Time of Exam: _____

Other Clinical Findings: _____

Clinical Assessment/Diagnosis: _____

Comments/Special Instructions: _____

Examining Physician Signature: _____

Date: _____

Patient is *CLEARED WITHOUT RESTRICTIONS*:

Special Instructions/Comments: _____

Follow-Up Required: YES NO

If yes, when: _____

Physician Signature: _____ **Date:** _____

Patient is *NOT CLEARED FOR PARTICIPATION*:

Reason for not clearing patient: _____

Criteria for full return to play: _____

Special Instructions/Comments: _____

Follow-Up Required: YES NO
If yes, when: _____

Physician Signature: _____ **Date:** _____

Part VII: Acknowledgement of Receipt and Understanding of Concussion Referral Form

Student Athlete

I _____ have received, reviewed, and understand the attached Concussion Referral Form and any instructions, restrictions, etc. therein.

Student Athlete PRINTED Name: _____

Student Athlete Signature: _____

Date: _____

Student Athlete's Parent/Guardian

I _____ have received, reviewed, and understand the attached Concussion Referral Form and any instructions, restrictions, etc. therein.

Parent/Guardian PRINTED Name: _____

Relationship to Student Athlete: _____

Parent/Guardian Signature: _____

Date: _____

Internal Use Only

Date Received: _____

Athletic Trainer/Designee Signature: _____ Date: _____

Comments:

Concussion Signs and Symptoms Checklist

**Heads Up to Schools:
KNOW YOUR
CONCUSSION
ABCs**

Assess the situation Be alert for signs and symptoms Contact a health care professional

Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

- __ Student returned to class
- __ Student sent home
- __ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:



**FAUQUIER COUNTY PUBLIC SCHOOLS
Head Injury Report Form**

Student: _____ Date: _____ Prepared by: _____

Dear Parent/Guardian:

Your child bumped his/her head at _____. Description of incident: _____

Your child was observed for _____ minutes in the clinic. The following symptoms were reported/observed: NONE / _____

Treatments: _____

Follow up: _____

Parents often have questions concerning appropriate medical care following a head bump. Enclosed you will find a helpful fact sheet for parents from the CDC (Centers for Disease Control and Prevention). It is NOT given as a diagnosis of concussion NOR should it be used in place of your physician's medical advice. PLEASE CONTACT YOUR PHYSICIAN IF YOU HAVE ANY QUESTIONS/CONCERNS.

IF YOUR CHILD IS DIAGNOSED WITH A CONCUSSION BY A PHYSICIAN, for their safety, they will not be allowed to return to physical activity at recess, PE class, athletic practices/games/clubs until they are cleared to do so in writing by a physician per FCPS policy.

If your child is without symptoms and you feel that follow up with a physician is not necessary, please give us your consent to allow your child to return to physical activity at school by completing and signing the following. Have your child return this form to the clinic upon return to school.

I, _____, the parent/guardian of _____,
Give FCPS permission to allow my child to return to physical activity at school to include recess, PE class, athletic practices/games/clubs as of _____(date). Special instructions or restrictions from parent: _____
